SPECIALIST TRAINING PROGRAM (STP)

SUPERVISOR HANDBOOK

Message from the President

It is critical all health care systems and medical professionals across Australasia are supported by the highest standard of Medical Leadership and Management to enhance the health outcomes of patients, healthcare services and the communities they serve.

RACMA is the only Specialist Medical College to provide specialist education, leadership, advice, and expertise in Medical Leadership and Management that promotes the delivery of high-quality, safe healthcare for all.

The strength of RACMA is its Members, who strive to lead for change and positive outcomes for all Australians, New Zealanders and peoples in all parts of the world in which their Members practice; demonstrating their skills in key areas such as system leadership, clinical governance, financial management, workforce management and professional leadership.

Our membership is spread across Australia, New Zealand and other parts of the world, spanning public, private, military and industry sectors. We have a broad reach and a significant influence.

It is RACMA which is taking the lead on setting the standard for excellence in Medical Leadership across Australasia.

Dr Helen Parsons CSC
RACMA President

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SPECIALIST TRAINING PROGRAM (STP)
Information

INTRODUCTION

The STP Supervisor Handbook has been designed so that all the resources required by a Supervisor of an STP-funded RACMA Candidate are together in one central location.

The Specialist Training Program (STP) is a Commonwealth Government initiative designed to extend vocational training for specialist registrars to settings other than public metropolitan teaching hospitals. For this reason, priority is given to training in regional, rural, remote and private settings.

As identified by the Australian Government Department of Health (the Department), Colleges have STP Key Performance Indicators (KPIs) that require them to fill a specified number of rural and private training positions.

1.1

What does a Candidate in an STP post look like?

- Desires private, not for profit and non-traditional health sector exposure
- Community-minded and enjoys building relationships
- Appreciates rural, regional and remote health setting challenges
- Embraces diversity and inclusion
- Interested in Indigenous health issues
- Networks to foster peer and mentor support
- Resourceful in complex environments
- Governs and manages risk with confidence and diplomacy
- Agile thinker and strategic problem-solver
- Employs technology to overcome distance and remote supervision

1.2   Aims and Objectives of STP

The aims and objectives of the STP are to:
- enhance the capacity of the health care sector to provide specialists in training with opportunities for high quality training and educational experiences;
- support quality training posts that build the system's capacity by extending specialist training into new "expanded" healthcare settings; and
- contribute to improving the distribution of the medical workforce.

1.3   STP Funding Streams and Components

The STP has three funding streams:
- Specialist Training Program (STP)
- Integrated Rural Training Pipeline (IRTP)
- The Tasmanian Project

RACMA administers 17 STP posts, 9 IRTP posts and 7 Tasmanian posts on behalf of the Commonwealth Department of Health (the Department).

1.4   STP Funding Amounts

The STP funding stream provides the following funding amounts to health settings:

Funding Component	Amount*	For...
Trainee salary support	Approximately $107,000 (indexed annually)	Training posts in expanded settings
Rural Support Loading (RSL)	Up to $25,000 per annum	Eligible trainee support expenses - in rural settings only
Private Infrastructure and Clinical Supervision (PICS) allowance	Up to $30,000 per annum	Eligible clinical supervision and infrastructure expenses in private settings only

All amounts are annual per 1.0 FTE, exclude GST and are current as at 1 January 2023.

THE ROLE OF THE STP SUPERVISOR

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Supervisors play an essential role in the support and progress of Candidates in the Fellowship Training Program (FTP). The Supervisor is responsible for guiding the Candidate through their training, identifying any knowledge and training gaps and addressing these gaps. With respect to the FTP, the role of the Supervisor is outlined in Section 3 of the FTP Supervisor's Handbook.

Together with the STP Liaison Officer (nominated by the training organisation as the key contact for STP related matters), the Supervisor of the STP-funded Candidate also plays an important role in managing the STP position and contractual responsibilities. In some cases, the nominated STP Liaison Officer may also be the Supervisor.

2.1 Key tasks for the Supervisor of an STP-funded position include:

- Ensuring the position obtains and maintains accreditation.
- Overseeing recruitment to ensure that the position has minimal vacancy rate.
- Immediately notifying RACMA of any vacancies or changes to the Candidate's position type, rotations or supervision arrangements.
- Immediately notifying RACMA of any changes to the Candidate's FTE spent in a metro/rural location, or a public/private setting as this may affect the funding payments.
- Approving Progress Reports and Claim Forms and submitting these to RACMA by the contracted due date.
- Ensuring that Candidates can claim eligible RSL expenses (rural posts only).
- Ensuring that PICS funding is utilised in accordance with PICS Guidelines (private posts only)
- Encouraging Candidates to complete the STP Candidate Survey.

ESTABLISHING A NEW STP-FUNDED POSITION

When an existing STP-funded position is not able to be filled, RACMA will utilise its STP Reserve List to fill the vacancy.

3.1 Reserve List Selection

Reserve List positions are selected for funding based on the following:

- being rural or private (assisting RACMA to meet its rural/private targets)
- the Jurisdiction of the vacancy being filled
- the proposed supervision arrangements of the Reserve List position
- whether the health setting already receives funding from one of the STP funding streams.

3.2 Establishing the STP Position

The following flow-chart outlines the steps involved in establishing a new IRTP position.

STP FUNDING OFFER → RECRUITMENT AND ADVERTISEMENT → PROVISIONAL ACCREDITATION → CONFIRMATION OF CANDIDATE → SECONDARY FUNDING AGREEMENT (CONTRACT)

STP Funding Offer

- Health setting accepts RACMA's offer of STP funding (via email).

Recruitment and Advertisement

- Health setting commences recruitment as soon as possible. Free advertisement of the registrar position is available on the RACMA website
- A doctor appointed to an STP-funded position must be a current RACMA Candidate (or have applied for Candidacy).

Provisional Accreditation

- Accreditation application is submitted by the health setting to accreditation@racma.edu.au.
- Desktop assessment is conducted and Provisional Accreditation is granted if the post is deemed suitable.
- Accreditation Interview (site visit) is scheduled to determine if the post is suitable for accreditation.
- Accreditation team liaises directly with the health setting to progress the application.

Confirmation of Candidate

- Health setting confirms the name of the Candidate appointed to the position.

Secondary Funding Agreement (Contract)

- Secondary Funding Agreement (SFA) is sent to the health setting to be signed and returned to RACMA.
- RACMA executes the SFA and returns a copy to the health setting.
- Payments and reporting commence in accordance with the dates in the SFA.

STP CONTRACTS (SFA)

RACMA administers STP funding by entering into a SFA with health settings for the current STP funding period. The SFA outlines all the contractual obligations of both RACMA and the training organisation.

4.1   Contract Duration

- The funding cycle depends on the length of the current SFA between RACMA and the Department of Health.
- When RACMA's funding with the Department is extended, new SFAs or extensions (Deeds of Variation) may be issued as required.

4.2   Contract Inclusions

The SFA includes:

- information about the training position (also referred to as the STP Post)
- information about the training locations the trainee will rotate to while in this STP-funded position (rotational facilities)
- reporting requirements and obligations
- a schedule of payments and reporting dates
- bank account details of the health setting to enable payments to be made.
- the STP reference number for each position funded under the SFA.

The SFA must be read and understood by the key staff of the organisation involved in managing the STP post, in particular Liaison Officers, Supervisors and finance staff.

STP REPORTING AND PAYMENTS

STP payments are made in arrears for each reporting period, after Progress Reports and Claim Forms submitted by the health setting have been verified.

5.1 Report Submission

1. STP Progress Reports and Claim Forms (based on templates provided) are emailed to STP Liaison Officers approximately one month before they are due to be submitted to RACMA.
2. The Liaison Officer will complete the STP Progress Reports and Claim Forms, then email them to stp@racma.edu.au by the due date. In some instances, the Candidate occupying the STP-funded position may be involved in the completion of this Report.

Reporting Term	Reporting Period	Due Date
Term 1	1 February to 31 July	7 August
Term 2	1 August to 31 January	7 February

RACMA will review and verify the information provided and may seek further clarification. Ineligible expenses may be identified and rejected at this point.

5.2 Recording Rotations

- RACMA is required to report the physical location of where Candidates are training for all health settings that receive STP funding.
- It is therefore important that a record is kept of where time is spent by the Candidate. This will enable a pro-rata calculation to be made of the FTE for each location that the Candidate visits while training.
- This information is captured in the STP Progress Report.

5.3 Funding Calculation

Calculations of STP payments are based on information reported in the Progress Reports and Claim Forms. Payments may be affected by:

- any vacancy or changes to the FTE of the trainee during the reporting period (a pro-rata adjustment is made).
- changes to the rotational arrangements of the trainee where they spend time in locations outside of rural settings (i.e. metropolitan settings).
- the extent to which RSL funding has been used during the reporting period.

5.4 Invoicing and Payment

- After RACMA has reviewed and accepted all reporting documents, RACMA will send an email to the STP Liaison Officer confirming the payment amounts and requesting an invoice.
- STP funds will be paid to the health setting within 30 days of receipt of a correct tax invoice.

STP REPORTING
AND PAYMENTS (cont.)

5.5   Example of a completed STP Progress Report

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Specialist Training Program (STP)
Funded Post Progress Report
Term 1 2022

This is the legal entity named in the Funding Agreement with RACMA

Health Setting Name:	*Western Peninsula Local Health District*
Training Facility Name:	*Greenvalley General Hospital*

This is the name of the Health Setting which has been allocated STP funding.

HOW TO COMPLETE THIS REPORT:

PART 1 Complete the table with details of the trainee who occupied the STP-funded post during Term 1.

PART 2 List all the physical locations that the trainee visited to undertake their training.

PART 3 Provide details of COVID-19 impact with respect to training.

PART 4 Provide details of the trainee's Primary and Secondary Supervisors.

PART 5 Declaration that the information contained in the Report is true and correct.

IMPORTANT:

- All parts of this Report must be completed in full and signed off by the trainee's Supervisor or the STP Liaison Officer
- Any changes to supervision of a trainee, at any time, must be immediately reported to RACMA in writing to stp@racma.edu.au
- Report is due to be submitted to the College in August of the calendar year

![RACMA - Royal Australasian College of Medical Administrators logo]

This section captures details of the Candidate who occupied the funded position during the reporting period

PART 1

TRAINEE INFORMATION - 1 February 2022 to 31 July 2022

Please provide details of the STP trainee below.

The STP Reference Number can be found in your STP Funding Agreement

The position title must match the title of the accredited post

If the Trainee departed the position during the reporting period, record their last official day of employment here

The MM (Modified Monash) location of the training position can be found using the Health Workforce Locator Website

This assists RACMA with planning for Trainee change-overs

STP Ref #	Trainee Name	Year of Fellowship Training	Position Title	Occupancy for this period		Training Setting Details			
				Trainee start date*	Trainee end date*	Health setting	MM 1-7 Location	Public or Private	FTE
1859	Dr Steven Richards	1st Year	Medical Administration Registrar	31/01/2022	31/07/2022	Greenvalley General Hospital	MM 3	Public	1.0

* Start and end dates for this reporting period.

Year that the current trainee intends to sit the Fellowship Exam: 2022

PART 2

TRAINEE'S PHYSICAL LOCATION - 1 February 2022 to 31 July 2022

The Commonwealth Department of Health requires Colleges to provide details of the trainee's time spent at other health settings. Please list all the physical locations that the trainee visited to undertake their training during Term 1, and the approximate FTE. If the trainee did not rotate to other health settings, please leave blank.

This section should capture all locations that the Trainee visited during the reporting period, including those that were visited on an ad hoc basis

The MM (Modified Monash Model) location of the training position can be found using the Health Workforce Locator Website

Details of the FTE spent at each location is required by the Commonwealth

Physical location	Modified Monash Model (MM) 1-7 Location	Public or Private	FTE
Greenvalley General Hospital	MM 3	Public	0.8 FTE
Hilltop Health Service	MM 4	Public	0.2 FTE

5.5   Example of a completed STP Progress Report (Cont.)

If the Candidate or their supervision were impacted by COVID-19 during the reporting period, details must be reported in this section

PART 3
COVID-19 IMPACT

The Commonwealth Department of Health recognises the challenges associated with the continuation of specialty training during COVID-19. Colleges have been asked to record the impacts of COVID19 on STP-funded posts and activities.

If settings have needed to redeploy trainees in STP-funded positions due to COVID-19, please provide the following information as outlined in the example below. This will then enable RACMA to meet its reporting requirements with the Commonwealth Department of Health.

Issue	Date From	Date To	Impact on Specialty
Trainee's onsite FRACMA Supervisor was redeployed from their specialty training post to another health service to assist with COVID-19 response.	28/03/2022	31/07/2022	Change in supervision arrangements, training continued

PART 4
SUPERVISOR INFORMATION

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> If there has been a change to the Primary Supervisor during the reporting period, please record the name of the new/ current Supervisor at the time of completing the report

> Not all Trainees will have a Secondary Supervisor allocated to them

Name of Primary Supervisor	Dr Jane Smith
Name of Secondary Supervisor (if applicable)	Dr Robert Brown
Is the Primary Supervisor on site?	● Yes ○ No
Is the Primary Supervisor a	● FRACMA ○ AFRACMA ○ Non-RACMA
If non-RACMA what is the Primary Supervisor's position?	N/A
Contact Phone Number	03 6489 0498
Email Address	j.smith@greenvalleyhealth.gov.au

> Complete this field only if the Primary Supervisor is not a FRACMA

PART 5
DECLARATION

I declare the information provided in this report is true and correct at time of submission:

Signed by (Print Name) (Trainee's Supervisor)	Dr Jane Smith
Signature	
Date	01/08/2022

> To be signed by the Trainee's Supervisor

VACANCIES AND RECRUITMENT

RACMA is required to ensure that STP-funded posts have minimum vacancy rates. For this reason, health settings are asked to:

- identify and report unfilled positions to RACMA immediately.
- seek approval from RACMA should there be any changes proposed to the nature of the funded position (e.g. registrar to substantive post).

If an STP-funded post becomes vacant, the funded health setting will be given a reasonable amount of time to recruit. If recruitment attempts are unsuccessful, RACMA may offer funding to a health setting on the STP Reserve List.

RACMA offers free promotion of vacant STP-funded positions via advertising on the RACMA website, and broadcast email to RACMA members/subscribers.

- for website advertising, use the Medical Administration Registrar Booking Form (for all positions including substantive positions)

- for email promotion, email your request to stp@racma.edu.au

6.1　SIMG trainees

- Specialist International Medical Graduate (SIMG) trainees may only occupy STP-funded settings if they are genuinely moving to Australia and intend to apply for permanent residency.
- The STP Liaison Officer should consult RACMA before appointing an SIMG to an STP-funded position.

ACCREDITATION OF STP-FUNDED POSTIONS

All STP-funded positions must be accredited by RACMA in the same way as any other RACMA training position. Information about the RACMA Accreditation process can be found on RACMA's website.

As accreditation and STP funding are different and separate processes, obtaining accreditation does not guarantee that a position will be allocated future STP funding. However, settings that don't achieve accreditation or have their accreditation withdrawn will not be eligible to receive STP funding.

For any questions relating to accreditation, please contact RACMA's accreditation team via accreditation@racma.edu.au

RURAL SUPPORT LOADING
- for rural posts only

In recognition of the additional costs associated with training regional, rural and remote locations, the STP provides a Rural Support Loading (RSL) funding amount of $25,000 for each eligible STP post.

RSL is intended to incentivise STP trainees to undertake training in regional, rural and remote locations and aims to reduce some of the barriers for both the trainee and/or health setting hosting the trainee.

8.1 How RSL can be used

RSL is managed in accordance with the Department of Health's RSL Guidelines. Below is a summary of the type of expenses that may be claimed via RSL funding. Please refer to the RSL Claim Form for further details.

- training room outfitting, including purchase of specific medical training equipment and textbooks
- minor renovations of existing facilities to accommodate specialty training such as reallocation of an office, creation of an office/desk/training area, new desks and/or additional chairs (note: minor renovation work would be at RACMA's discretion to approve and would generally be considered a one-off expense per health setting unless further minor renovations are required in future)
- videoconferencing facilities
- relocation costs for the Candidate
- local accommodation and living costs for the Candidate such as rental/bond expenses and utility bills
- professional development allowance for the Candidate
- costs associated with attendance at education and training activities outside of the health setting such as registration fees, accommodation and travel for the Candidate
- on-line courses and resources such as educational training software and relevant online journal access/subscription
- office asset equipment purchases such as computers, phones, desks, IT equipment and associated facilities that will be used by Candidates
- expenditure for initial training post setup, including any costs associated with recruitment and retention; and
- travel and accommodation expenses associated with outreach clinics as part of specialty training.

8.2 How to Claim RSL

1. Candidates should liaise with their health setting regarding reimbursement for eligible items, prior to incurring the expense.
2. The health setting reimburses the Candidate for eligible RSL expenses incurred or pays for these expenses on behalf of the Candidate.
3. The health setting then completes the RSL Claim Form, which is submitted twice annually to RACMA.
4. RACMA reviews the claim and then makes an RSL payment to the health setting.

Please note:

- RSL payments are made in arrears and are calculated on a pro-rata FTE basis, based on the time the Candidate has spent in the STP post for the relevant reporting period.
- Candidates and health settings are encouraged to consult RACMA prior to incurring an expense, should they require clarification as to whether it would be supported by RSL.

PRIVATE INFRASTRUCTURE AND CLINICAL SUPERVISION (PICS) – for private positions only

The Private Infrastructure and Clinical Supervision (PICS) allowance supports delivery of the STP in private health settings. It recognises the cost of delivering training in the private sector and is a contribution to assist in the provision of a high-quality training environment for both Candidates and Supervisors.

9.1 How PICS can be used

PICS is managed in accordance with the Department of Health's PICS Guidelines. Private training settings may use the PICS allowance flexibly for either infrastructure or clinical supervision costs.

While some private STP settings may elect to use their PICS allowance predominantly for supervision costs, they may also claim for infrastructure resources which provide for, or enhance, the training experience delivered by the STP training position.

Eligible infrastructure expenses include:
- training room outfitting, including purchasing specific training equipment such as microscopes for Candidates and training simulation equipment
- expenditure for initial training post setup, including any costs associated with recruitment and retention
- minor renovation of existing facilities to make space within the training setting suitable for use in registrar training.
- videoconferencing facilities.
- investments in on-line educational training software and relevant online journal access
- overhead infrastructure such as office asset equipment purchases that will be used by Candidates and Supervisors (i.e. computers, phones, desks, IT equipment and associated facilities).

The infrastructure allowance is attached to the training site, not the Candidate or the Supervisor, therefore any equipment purchases (including IT equipment) remain with the health setting.

Eligible clinical supervision expenses include:
- Administrative support
- Educational support
- Networked supervision support
- Supervisor development and training

Further information on the use of PICS funds is contained in the PICS Guidelines and Claim Forms.

9.2 How to claim PICS

- PICS Claim Forms are submitted to RACMA twice annually and eligible claims are paid in arrears in conjunction with the salary support component.
- Settings that wish to use PICS for infrastructure expenses are asked to provide details about how they intend to do this at the start of each academic year. This is done by submitting a PICS Planned Infrastructure Expenditure Form.
- The setting must then confirm that each infrastructure project has been completed.

APPLYING FOR STP FUNDING FOR A NEW TRAINING POSITION

10.1 Reserve List Process – Department of Health

- A Reserve List Process to identify new STP positions to refresh Colleges' Reserve Lists is conducted annually in March by the Department.
- Settings participating in the Reserve List Process must also submit an accreditation application to RACMA for the proposed training position.
- New Reserve List applications are assessed by both the College and the relevant Jurisdiction.
- Suitable positions are placed on the College's STP Reserve List and may be offered funding in future if a vacancy occurs – i.e. future STP funding is not guaranteed.
- Please email stp@racma.edu.au to be notified of the next Reserve List Process.

10.2 Eligibility to Participate

- The STP prioritises health settings in rural locations (defined as MM 2-7 location), or in the private sector.
- Only new training posts with a minimum of 0.5 FTE will be considered for funding.
  A position will not be considered new if:
  – it has been funded by another organisation for more than 12 months within the last three years. A position that was funded by another organisation within the last 12 months will need to conclusively demonstrate that its funding is not ongoing.
  – it is funded by the applicant organisation or a state or territory government.

10.3 Key Performance Indicators and availability of STP funding

- All Colleges have STP Key Performance Indicators (KPIs) that require them to fill a specified number of private and rural positions.
- STP funding allocations are based on RACMA achieving the targets specified in these KPIs.
- Being on the STP Reserve List does not guarantee that STP funding will be provided.

FREQUENTLY ASKED QUESTIONS

Q I am having trouble filling the STP post. Who should I contact?

Please contact RACMA's STP Team via stp@racma.edu.au if you have not been able to identify a suitable applicant to fill the vacant post.

Q The STP Candidate left the STP post unexpectedly (before the academic year ends). What should I do?

Please contact RACMA's STP Team via stp@racma.edu.au as soon as possible should the Candidate depart the STP position early or unexpectedly. In some instances, it may be possible for RACMA to promote the vacancy as a short-term expanded training opportunity for an existing RACMA Candidate.

Q The Candidate I supervise passed the oral examination. Can they still occupy the STP post?

The Candidate may occupy the STP position until they have completed all FTP training requirements and been awarded their RACMA Fellowship. Once they are a Fellow, STP funding cannot be used to support their position.

Q The Candidate I supervise is progressing to a more senior/ substantive role. Can STP funding still be used to support the Candidate?

While it is RACMA's preference to utilise STP funding to support registrar level training positions, it is understood that occasionally a Candidate's role may change to a more senior/substantive position to suit their seniority or experience. In this instance, please contact RACMA's STP Team via stp@racma.edu.au as soon as possible to discuss any changes to the funded STP position.

RACMA may then seek approval from the Department to determine whether STP support can be utlilised for the senior/substantive position. The Department's decision will be based on the extent to which the senior position differs to that which was originally approved for STP funding, and whether it meets RACMA's accreditation requirements.

Q Why doesn't STP funding cover the entire cost to the health setting of having a trainee?

STP funding has remained at roughly the same level since the program's inception. Although STP salary support is now indexed annually, STP funding provides only a contribution towards the cost of employing and providing training to a trainee. The funded setting is responsible for covering the remaining cost.

FREQUENTLY ASKED QUESTIONS (Cont.)

Q I am the Supervisor of a private STP position. Can I receive direct reimbursement for supervision expenses via PICS?

No. PICS payments for eligible supervision expenses are only made to the funded health setting with which RACMA has a SFA. PICS payments/reimbursements are not made by RACMA to the individual Supervisor. Supervisors of private STP positions should seek reimbursement from their health setting for eligible incurred expenses that relate to supervison, including teaching time. These reimbursements may be funded from PICS support.

Q What are the priority settings of the STP?

The STP priority settings are defined as:

- Private sector settings: settings which do not derive their operational funding directly from a state or territory government.

- Regional, rural and remote area: settings located in Modified Monash Model (2019) areas 2-7.

Q What can Candidates claim under the Rural Support Loading allowance?

Examples of eligible claims include:
- Accommodation (rent) costs and utilities
- Attendance at training courses, meetings, and conferences (within Australia)
- Relocation costs associated with training requirements
- Resources (e.g. books, computers)
- Video conference facilities

Q What is the definition of a 'new post'?

A position will not be considered new if it has been funded by another organisation for more than 12 months within the last three years. Additionally, a position that was funded by another organisation within the last 12 months will need to conclusively demonstrate that its funding is not ongoing. This allows for short term funding from organisations such as charitable trusts. In this context, positions funded by the applicant organisation or a state and territory government will not be considered new and will be ineligible for STP support.

Q How long does a health setting receive STP funding for?

The funding cycle depends on the length of the current Agreement between RACMA and the Department of Health. RACMA's current Agreement with the Department of Health extends until the end of the 2025 academic year.

Q When is the next opportunity to apply for STP funding?

A Reserve List Process to identify new STP positions to refresh Colleges' Reserve Lists is conducted annually in March.Please send an email to stp@racma.edu.au to be advised of the next process for identifying new STP posts.

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SPECIALIST TRAINING PROGRAM (STP) OPERATIONAL FRAMEWORK

2022-2025

This document outlines the operational framework for the Specialist Training Program (STP) as part of Grant Agreements between the Department of Health and non-GP specialist medical Colleges for the STP across 2022-2025.

Last updated: November 2021.
Version 1.0

CONTENTS

INTRODUCTION

The Specialist Training Program (STP) seeks to extend vocational training for specialist registrars (trainees) into settings outside traditional metropolitan teaching hospitals, including regional, rural, remote and private facilities. The program aims to improve the quality of the future specialist workforce by providing non-GP specialty trainees with exposure to a broader range of healthcare settings. STP also aims to have a positive influence on future medical workforce distribution.

This Operational Framework document is for the Specialist Training Program under the Specialist Training Program Grant Opportunity Guidelines, October 2021.

The Operational Framework applies to the following three streams of the program:

1. **Specialist Training Placements and Support:** support for 920 full time equivalent (FTE) STP training posts (of which at least 50% must be in expanded settings) through the specialist medical colleges, including where applicable the Rural Support Loading, Private Infrastructure and Clinical Supervision, Support Projects and Administration funding;

2. **Integrated Rural Training Pipeline (IRTP):** support for 100 FTE rurally-focused specialty training posts; and

3. **Training More Specialist Doctors in Tasmania (Tasmanian Project):** supports the employment of supervisors and trainees in the Tasmanian public health system.

Aims and Objectives

The aim of the STP is to:

(a) enhance the capacity of the health care sector to provide high quality, appropriate training opportunities to facilitate the required accredited educational experiences for specialists in training;

(b) support quality accredited training posts that build the overall training capability and capacity in the system, by extending specialist training into new "expanded" healthcare settings; and

(c) contribute to improving specialist medical workforce supply and distribution.

Specialist medical colleges will provide progress updates to the Department on each STP objective outlined below as part of biannual performance reports that are due on 1 April and 1 October annually.

AIMS AND OBJECTIVES

OBJECTIVE 1 –	Contribute to enhancing capacity and building capability of the health care sector to train the future specialist medical workforce.

To achieve this Colleges will:

- actively monitor and manage accredited STP, IRTP and Tasmanian Project funded training posts.
- participation in New Post processes as required and management of a Reserve List for all funding streams.
- ensure trainee rotations in STP posts are for a m inimum, continuous period of t hree months (or three months pro-rata where trainee is less than 1 FTE) and comply with this Operational Framework.
- actively manage the IRTP posts in accordance with this Operational Framework (if delivering this stream of activity).
- actively manage and fund training and supervisory positions under the Tasmanian component of the STP (if delivering this stream of activity).
- meet the key performance indicators (KPIs) for funded and filled against STP, IRTP and Tasmanian Project posts (refer to 'Key Performance Indicators – funding and filling to target'). Funded and filled KPIs are specified in grant agreements. maintain effective relationships with funded health facilities and State and Territory Government under all funding streams.

OBJECTIVE 2 –	Contribute to increasing the capacity of specialist training being undertaken in private settings.

To achieve this Colleges will:

- support training posts in expanded settings that meet the definition of a 'private' setting (refer to 'Priority Settings' on page 7), including effective relationship management with funded health settings; and achievement of the private FTE target set under the grant agreement.
- consider further opportunities to build the capacity of training in expanded settings in consultation with funded and/or health settings that could potentially be funded in the future.
- provide efficient and effective management and administration of the Private Infrastructure Clinical Supervision (PICS) allowance to eligible private training settings in accordance this Operational Framework and the PICS Guidelines.

OBJECTIVE 3 –	Contribute to enhancing availability of the specialist workforce in areas of unmet community need including rural and remote locations.

To achieve this Colleges will:

- support training posts in expanded settings that meet the definition of a 'regional, rural or remote' setting (refer to 'Priority Settings' on page 7), including effective relationship management with funded health settings and achievement of the rural FTE target set under the grant agreement.
- consider further opportunities to build the capacity of training in MM 2-7 locations in consultation with funded and/or health settings that could be potentially be funded in the future.
- provide efficient and effective management and administration of the Rural Support Loading (RSL) allowance to eligible training settings in accordance with this Operational Framework and the RSL Guidelines.
- ensure that trainees funded through STP-IRTP posts will complete at least two thirds (66.6%) of their specialty training in MM 2–7 areas.

OBJECTIVE 4 –	Support and enhance high quality specialist training experiences for specialist trainees in STP posts.

To achieve this Colleges will:

- work collaboratively with a range of stakeholder groups including state/territory health bodies, non-government organisations, universities, Regional Training Hubs and other training providers to support the delivery of specialist training in STP posts. These partnerships should aim to support and enhance specialty training opportunities across Australia.
- design, develop and deliver support projects that will directly benefit trainees in STP posts. These projects will support and enhance the delivery of specialty training and provide trainees with high quality specialist training experiences.
- prioritise projects that are targeted at supporting rural and Aboriginal and Torres Strait Islander trainees.

OBJECTIVE 5 –	Enhance Indigenous health outcomes through increasing opportunities and training experiences for Aboriginal and Torres Strait Islander people seeking to become medical specialists.

To achieve this Colleges will:

- collaborate with universities and other organisations, to attract Aboriginal and Torres Strait Islander medical graduates that meet college requirements to undertake specialist training.
- identify Aboriginal and Torres Strait Islander trainees and provide appropriate support to enable them to complete their specialty training, particularly in STP training posts. For example:
  - provide mentoring and support during their specialist training rotation;
  - prioritise Aboriginal and Torres Strait Islander health setting post rotations;
  - encourage targeted support projects to assist current and future Aboriginal and Torres Strait Islander trainees and cultural awareness programs for training settings.

Governance

The STP is a collaborative approach to the expansion of specialist training, requiring engagement and participation between the Australian Government Department of Health (the Department of Health), Community Grants Hub, specialist medical colleges, state and territory health departments, health settings (both public and private) and specialist trainees.

Department of Health

The Department of Health is responsible for the development of STP grant policy. Across 2022 – 2025, the Department will manage the following aspects under College grant agreements:

- overseeing the delivery of the STP by the Colleges, including effective relationships with each College through regular formal and informal discussions and correspondence annually;
- setting training post allocations and targets for the STP, IRTP and Tasmanian Project;
- establishment of annual funded and filled performance indicators;
- management of annual STP New Post processes to facilitate adequate Reserve Lists for Colleges;
- management of and timely updates to the STP Operational Framework and supporting Guideline documents as required;
- assessment of STP Support Project proposals;
- consideration of unspent/unsolicited funding proposals as required;

- developing evaluation and review processes to enhance the efficiency and effectiveness of the STP, such as the Mid-Agreement Review to be undertaken in 2022.
- consultation and engagement with Colleges and State and Territory Government as required, including:
  - policy amendments and/or reform options for the STP, IRTP and/or Tasmanian Project as part of the Mid-Agreement Review process to be undertaken from mid-2022;
  - reform options for the New Post process from 2022; and
  - informal and formal meetings to discuss relevant STP objectives and modifications to inform outcomes.
- providing information to the public in relation to the STP when approached through the Postgraduate Training Inbox.

Community Grants Hub

The Community Grants Hub (CGH) provides a shared-services arrangement to deliver STP grant administration services on behalf of the Department of Health. CGH is the first point of contact for grants-related queries and will liaise with the Department of Health where policy input is required.

CGH is responsible for the following aspects related to the STP:

- administering the STP at the direction of the Department of Health and consistent with the requirements of the Commonwealth Grants Rules and Guidelines 2017;
- Performance Management – compliance monitoring and assessment/approval of all funding agreement reports;
- Risk Management – the Hub will complete and an organisation risk assessment at least annually (for low risk rated) or biannually (for medium or higher risk rated);
- Stakeholder Engagement – the Hub will:
  - Be the primary point of contact for all grant matters;
  - Maintain regular communication with the organisation;
  - Conduct site visits as required;
  - Attend forum or other network engagements.
- Payment/Financial Management - the Hub will:
  - Release Payments;
  - Conduct Financial Acquittal;
  - Manage Underspends and Debt Recovery.

Specialist medical colleges

Specialist medical colleges (Colleges) are key partners in the delivery of high-quality specialty training due to their role in setting professional standards, accrediting training settings and the coordination and support for education and training of future specialists and college fellows. Colleges also play a vital role in providing national oversight and consistency to specialist medical training. Under this program, Colleges will:

- ensure only accredited training posts are funded. This ensures that all training opportunities meet at least a minimum level of agreed quality and content and be considered by the college to deliver educational value;
- establish training arrangements for trainees that provide opportunities not available in major public hospitals; and
- work with all key partners to improve rural and remote specialist workforce shortages and maldistribution.

The Commonwealth currently funds 13 Colleges for the management of the STP:

- Australasian College for Emergency Medicine (ACEM);
- Australasian College of Dermatologists (ACD);
- Australasian College of Sport and Exercise Physicians (ACSEP)
- Australian and New Zealand College of Anaesthetists (ANZCA);
- College of Intensive Care Medicine (CICM)
- Royal Australasian College of Medical Administrators (RACMA);
- Royal Australasian College of Physicians (RACP);
- Royal Australasian College of Surgeons (RACS);
- Royal Australian and New Zealand College of Ophthalmologists (RANZCO);
- Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG).
- Royal Australian and New Zealand College of Psychiatrists (RANZCP);
- Royal Australian and New Zealand College of Radiologists (RANZCR); and
- Royal College of Pathologists of Australasia (RCPA).

Training Settings and Employers

State and Territory Governments (S/T Governments) and public health services are also key partners in the delivery of specialist medical training arrangements. They are the providers of the majority of funded training places and specialist trainees are usually employees of the state health system. Across 2022-2025, the Commonwealth will provide approximately

$729.8 million for the STP which is intended to be a contribution to specialist medical training, with S/T Governments funding the remaining costs. Training arrangements that are not part of the STP are fully funded by S/T Government, private settings and/or non-government organisations. It is important for STP posts to operate in partnership with non-STP posts and as such S/T Governments have a key role to play in informing and influencing the best distribution of STP posts.

Under the STP, the Department of Health will continue to rely on State and Territory health departments to provide advice on the merits of New Post applications, from the perspective of areas of workforce need for each jurisdiction. State and Territory health departments will also be consulted during the Mid-Agreement Review process. Specific questions will be provided to State and Territory health departments for consideration and response and are likely to relate to the need to address any maldistribution of services for each specialty that is specific to that jurisdiction and its medical workforce planning.

Private health care organisations/settings are critical to achieving an expansion of specialty training opportunities across Australia. To achieve this the private sector needs to be engaged in the establishment of posts in collaboration with the public sector to facilitate trainee rotations and allocations for the purposes of training.

Where the trainee remains in the employment of a public teaching hospital, the salary support funds must flow to the employer to enable that hospital to 'backfill' the position, thereby ensuring there is no reduction in the capacity of the public teaching hospital to deliver services. These arrangements will also facilitate continuity of the trainee's entitlements as they move through expanded setting training, for example, medical indemnity, workers compensation, superannuation, long service leave, etc.

Funded training settings/employers will ensure trainee entitlements are maintained where they are on secondment or directly employed (such as salary, medical indemnity, superannuation, leave entitlements, workers compensation etc).

Settings acknowledge that the STP provides only a contribution toward the cost of employing and providing training to a trainee. The funded setting is responsible for covering the remaining cost.

The setting will not compel trainees to work additional hours to cover the gap in the funding contribution and actual cost of training. Trainees may choose to work additional hours at their own discretion in consultation with their setting.

The setting and supervisors will monitor trainee well-being and ensure a safe training environment and relevant safety training, including cultural training (where required) is provided.

Priority Settings

The priority settings for participation in the program that contribute towards the governments targets during the 2022 to 2025 funding period continue to be:

- Regional, rural and remote areas: settings located in Modified Monash Model (2019) areas 2-7
- The private health sector: For the purposes of STP, training sites, which can be defined as eligible private sector settings, are those which do not derive their operational funding directly from a state or territory government and operate independently from a state government metropolitan public teaching hospital. The definition of "Private" relates to the facility and its ownership. A private setting is not a publicly (Commonwealth, State or Territory) owned facility treating private patients, nor a public-private partnership providing public health services such as a private health organisation managing a public hospital or health service, funded by government. This does not include where a service is delivered by a private provider in a public health service on a fee-for-service basis, such as the outsourcing of services by a public health service to a private provider either co-located or off-site. Some, or all of the following criteria demonstrate private ownership:
  – Organisation is registered under their ABN as a non-government organisation.
  – The organisation is incorporated.
  – In the case of organisations co-located with public hospitals, they must clearly demonstrate that they are separate organisation from the hospital, for example having separate governance, operational structures and/or being incorporated.
  – An Aboriginal Medical Service or an Aboriginal Community Controlled Health Service are also considered a private entity.

Eligibility

The STP defines "expanded" as settings outside of major metropolitan public teaching hospitals. The following organisations are eligible to apply under the program:

(a) Public[1] and Private hospitals;
(b) Local Health Networks,
(c) Rural, regional and remote health services;
(d) Private health care organisations / settings;
(e) Aged Care services;
(f) Aboriginal Community Controlled Health Services and Aboriginal Medical Services; and
(g) Community health organisations.

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1 Public hospitals can participate under the program providing the setting has either an agreement in place for the position to rotate out to an expanded setting for a minimum of 0.5 FTE (e.g. private/rural rotation) or the public setting includes an expanded setting identified above (e.g. Aged Care services).

INFORMATION FOR SUPERVISORS

For a post to be eligible for funding under the program, 0.5 FTE of the post must be in an expanded setting.

What is not eligible for funding under the STP?

a) Post-fellowship training.

b) General Practice training[2]

c) Direct costs associated with accreditation of training posts.

d) Training posts funded under the STP may not be occupied by overseas trainees employed by hospitals in other countries seeking a rotation through expanded settings within Australia.

e) Training posts that have been previously funded. A position will not be considered eligible for STP funding if it has been funded by another organisation for more than 12 months within the last three years. Further, a position that was funded by another organisation within the last 12 months will need to conclusively demonstrate that its funding for the position is not ongoing. This allows for short term funding from organisations such as charitable trusts. In this context, positions funded by the applicant organisation or a state and territory government will not be considered new and will be ineligible for STP support. Note:

   i) an unaccredited position that has become accredited is not considered to be previously funded;

   ii) where a post was previously accredited and funded under the STP, but lost its accreditation and subsequently its funding but is able to be reaccredited in the future, a College may place the post on its Reserve List until it can regain accreditation, in which case, it would be eligible for funding under the STP again once reaccredited.

Individual trainees are not eligible to apply for funding. Trainees should liaise with their relevant college and/or specific health care facility if they wish to participate in the STP.

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2 With the exception of an advanced skills placement under certain conditions, see Management of Vacancies for further information.

College activities

Under 2022-2025 Grant Agreements, Colleges will:

a) Manage training posts including funding, filling, and selecting from Reserve Lists as appropriate:

i. ensuring the rotation of trainees through these posts is not detrimental to the capacity of the public health care system to deliver services; and

ii. establishing contract and financial management processes in order to:

    a. ensure funding for trainee salaries is directed appropriately, i.e. that the employer of the trainee is recompensed for the time that the trainee spends in the expanded setting; and

    b. ensure trainee entitlements are maintained where they are on secondment or directly employed, such as salary, medical indemnity, superannuation, leave entitlements, workers compensation etc. by STP host settings and/or the employer of each registrar.

b) Developing networks and systems for training across all settings to:

i. integrate training posts into relevant college training networks;

ii. integrate the training occurring beyond the traditional teaching hospital with training provided by the local state or territory health service providers;

iii. support providers in delivering longer training experiences, particularly for rural settings, providing for a minimum, three month continuous period (per academic year) training rotation under the program (or three months pro-rata where trainee is less than 1 FTE);

iv. ensure providers of STP funded training posts included in networks are equipped with resources and support mechanisms necessary for the sustainability of training posts; and

v. in the case of cross college training, training arrangements are formalised with the agreement of relevant colleges ie; intensive care trainee undertaking an anaesthesia rotation.

c) Developing networks with expanded settings, including the private sector. In rural areas, this work may require inter-college arrangements and foster inter-disciplinary approaches to support specialty training to:

i. facilitate and coordinate specialty training in expanded settings that have multiple training posts under the STP;

ii. ensure that trainees receive appropriate support required to successfully undertake training in expanded settings, including the private sector;

iii. support private settings to maximise specialty training opportunities;

iv. ensure training posts in private setting(s) are integrated into the public training programs and networks where appropriate; and

v. ensure funding does not cover or replace existing arrangements for specialist trainee coordination positions, such as those, which currently exist within the public sector.

d) Enhance training by developing and implementing system wide education support projects.

Colleges must prepare Support Project proposals in accordance with the Support Project Guidelines

e) Colleges will monitor trainees well-being and safety and through accreditation practices, ensure a safe training environment and relevant induction, orientation and safety training, including cultural training is provided to all trainees in STP funded posts.

f) Colleges will evaluate and report to the Department on the outcomes of the STP including funded posts, RSL, PICS and support projects related to meeting the identified priorities of government. This will be managed through biannual performance reporting and one virtual meeting with the Department annually, where Colleges will provide verbal progress updates and identify any risks and subsequent mitigation strategies. Annual meetings with each College will be organised by the Department and are likely to occur across June and August annually.

Funding

Funds are available under the STP for the following activities:

Activity	Funding (GST exclusive)	Specifications
a) STP - salary support for trainees	$105,000 per annum (note: indexed annually from 2022 – refer to Grant Agreement)	To be paid pro rata, per full time equivalent (FTE). STP posts will be managed in line with this Framework.
b) Rural Support Loading (RSL)	$25,000 per annum	To be paid per eligible rural post, pro-rata per FTE. RSL will be managed in accordance with the RSL Guidelines.
c) Private Infrastructure and Clinical Supervision (PICS)	$30,000 per annum	To be paid per eligible private post, pro-rata per FTE. PICS will be managed in accordance with the PICS Guidelines.
d) Support Projects	$100,000 base funding + $1,210 per post per annum	Support Project(s) will be managed in accordance with the Support Project Guidelines.
e) Integrated Rural Training Pipeline	Funding of up to $150,000 per annum (note: indexed annually from 2022 - refer to Grant Agreement)	To be paid pro rata per FTE. These funds can be used for IRTP-STP salary support, RSL and PICS (if eligible). Colleges participating in the IRTP may retain up to 5% of these funds to assist in the administration of the IRTP posts subject to the agreement of the Department.
f) Tasmanian Project	Indexed annually (refer to Grant Agreement)	To be paid pro rata per FTE.

New Post Process (previously EOI) and Reserve List management

Each college will manage a Reserve List of suitable posts that will be used to meet targets set in STP grant agreements. Reserve Lists will be refreshed through a New Post process to be conducted yearly in accordance with the New Post Guidelines.

In selecting posts to activate from the Reserve List, Colleges will need to consider prioritisation of posts to achieve targets for rural and private posts, as well as consider workforce need for specialties (if appropriate).

Management of Vacancies

If an STP post is vacant for a period longer than three months and unable to be filled by a trainee on a fellowship pathway, the setting has the ability to temporarily fill (up to 12 months) these positions with an advanced skills placement for a fully registered doctor.

Priority must be given to trainees on a fellowship pathway. This option can only be considered when all avenues have been exhausted to fill the position and the GP placement cannot be greater than twelve months or an ongoing option.

The setting is required to identify the unfilled positions with their relevant specialist medical college and seek approval of the College prior to recruitment.

GPs chosen to fill STP vacancies need to be undertaking or enrolled to undertake either a certificate, diploma or advanced diploma offered by that College.

Key Performance Indicators – funding and filling to target

Key Performance Indicators (KPIs) for both funding and filling to College targets are an important mechanism through which Colleges can demonstrate successes and challenges under the STP, IRTP and/or Tasmanian Project. The overarching position of the Department is that Colleges both fund and fill to 100% of agreed targets, and all Colleges should work towards these overarching KPIs as the priority each academic year.

In recognition of College performance trend data to date and that there are elements to funding and filling training posts that are outside College control, specific funded and filled KPIs are being introduced for each College for the STP funding stream only to improve funded and filled rates from 2022.

Due to the smaller number of posts in both the IRTP and Tasmanian Project funding streams, Colleges are expected to fund and fill to 100% of agreed IRTP and Tasmanian Project targets annually.

Funded KPIs for STP posts relate to the overarching post target not the individual private and rural targets, and are the same across all Colleges, with the expectation that 100% of the allocated FTE for STP posts are funded annually. 'Funded' refers to the contract in place between Colleges and health settings in preparation of a trainee commencing.

Filled KPIs for STP posts also relate to the overarching post target (not the individual private and rural targets) and are a stretch target (percentage) based on a College's filled performance trend data in recent years (e.g. if filling to 90% of its target, a College could expect its filled KPI percentage to be 94% the following year, 98% the year after etc). 'Filled' refers to having a trainee in place at a funded health setting. Where a College is already filling to 100% of its STP post target, the KPI for filled will remain at 100% under all future funding years.

The Department acknowledges that some elements to funding and filling training posts are outside of a College's control. Colleges will be required to provide advice to the Department where funded and/or filled

KPIs have not been met, including sufficient rationale for why the College has been unable to meet its funded and/or filled KPIs through performance reports due in April and October annually.

Examples of circumstances beyond College control include:

- Maternity leave
- Extended sick/personal leave
- Recruitment was unsuccessful
- Post was filled and the trainee withdrew from training
- Post was filled and the trainee took another offer elsewhere
- Post was filled and the trainee was moved to another training post (workforce decision or health setting coordinating rotations/trainees)
- Accreditation was withdrawn, on hold and/or not confirmed (ie; new post that didn't succeed in gaining accreditation and it was too late to re-allocate to another reserve list post for the full year).

Mid-Agreement Review Process

College review of STP Posts was first implemented during the 2018-2021 agreement period following recommendations made in the 2017 STP Review. This process will be mirrored during the Mid-Agreement Review Process (MA Review) that will be undertaken by Colleges and the Department from mid-2022 in accordance with the Mid-Agreement Review Guidelines.

The MA Review will help to ensure the STP is responsive to government medical workforce needs and continues to focus on supporting training in expanded settings.

The MA Review will:

- be used to inform funding and allocations in 2024 and 2025;
- be used to inform the approach to administration funding in 2024 and 2025; and
- enable the Department to implement a better approach to management of unspent funds stemming from unfilled posts.

Funding streams in scope for the MA Review are STP and IRTP. The Tasmanian Project will be exempt from the MA Review following its recent review process in 2019. The Department will consult with the Tasmanian Department of Health to determine program reform for the Tasmanian Project in parallel to the MA Review.

Any changes to post allocations and/or program reform for STP, IRTP and/or Tasmanian Project will be implemented from 2024 through a Notice of Change or Deed of Variation process.

The role for Colleges, State and Territory Government and the Department, including timing for undertaking the MA Review are detailed in the Mid-Agreement Review Guidelines.

Access to the Medicare Benefits Schedule

Under the Medicare Benefits Schedule (MBS), eligible persons who elect to be treated privately may be entitled to receive a Medicare rebate for clinically relevant services performed by the practitioner. Bulk billing arrangements may also apply to these services. Practitioners should refer to the MBS for the full explanation of Medicare arrangements including eligibility requirements, entitlements, and the list of eligible services including rebate levels.

MBS Online: http://www.mbsonline.gov.au
Medicare Australia provider enquiry line - 132 150.

Medical Indemnity

(a) The Commonwealth does not prescribe the manner in which a specialist trainee should be covered for medical indemnity insurance while undertaking training in an expanded setting. However, it does require that the trainee be covered. Expanded settings and specialist trainees participating in the STP will need to satisfy themselves that the specialist trainee has adequate medical indemnity insurance when undertaking training in the expanded setting.

(b) In some circumstances, the state or territory within which the training is occurring may extend public hospital medical indemnity insurance to the specialist trainee while in the expanded setting. Under other circumstances the expanded setting may need to take out separate medical indemnity insurance to cover STP trainees. The trainee themselves may need to, or choose to, take out their own medical indemnity insurance to cover themselves while training in the expanded setting.

(c) It is recommended that settings and specialist trainees make enquiries with their relevant state or territory health department to ascertain the necessary arrangements relating to their individual circumstances.

Long term leave arrangements for trainees

(a) Employers of trainees who are participating in the STP must ensure that access to leave entitlements such as maternity leave and personal leave are maintained for the duration of the placement. Leave arrangements (including long service leave and maternity leave) are a matter for the employer, not the department.

(b) STP salary support funds are not intended to fund extended periods of personal leave (including maternity leave). The intent is to provide support for the trainee during specialty training to train in expanded settings, including providing services to the local community.

(c) College management of unfilled posts due to extended leave (including maternity leave) should take into consideration the length of time that the post will be unfilled and the training requirements of the trainee who will be accessing the leave. In some cases, it may be appropriate for the training post to be unfilled for a short period and then resume as a shared or part-time role.

(d) As a guide, training posts that will be unfilled for greater than 6 months should have another trainee recruited to fill the vacancy or see Management of Vacancies section.

(e) The salary contribution must flow to the employer of the trainee, as either a backfill arrangement or for the direct salary costs of the trainee if they are employed by the facility where they are undertaking their expanded training.

Contact Details

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Health Workforce Division
postgraduate.training@health.gov.au

Website for the Department of Health Specialist Training Program:
https://www1.health.gov.au/internet/main/publishing.nsf/Content/work-spec

RACMA

ROYAL AUSTRALASIAN COLLEGE
of Medical Administrators

Medical Leadership and Curriculum Document

Medical Leadership
and Management

The Education and Training Programs of
The Royal Australasian College of Medical Administrators

Curriculum Document

RACMA

The Royal Australasian College
of Medical Administrators

Acknowledgements

The curriculum project development was a cross-disciplined, collaborative and consultative process that involved Fellows, Associate Fellows, Candidates, other specialist colleagues, academics and community members. The College would like to hereby acknowledge the contributors' part in producing a medical administrative curriculum framework that is reflective of the rich complexity of the role and the constantly evolving environment in which it is executed.

RACMA National Office details

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Table of Contents

1 Introduction

The Royal Australasian College of Medical Administrators (RACMA) has developed the Medical Leadership and Management Curriculum to govern the direction and scope of the College's education and training programs.

The RACMA Medical Leadership and Management Curriculum informs the process by which a medical practitioner in Australasia attains the accredited specialty qualification in medical administration and maintains and furthers their knowledge and skills by continuing professional development in the specialty.

The curriculum aims to produce medical practitioners who use both their clinical training and experience and their specialist medical management expertise to lead and influence health service delivery. It reflects the breadth of knowledge and experience of medical practitioners educated to lead from management positions in complex health organisations.

The College's education and training programs are based on the achievement of a range of competencies adapted from the CanMEDs framework, developed in 1996 by the Royal College of Physicians and Surgeons of Canada. The Medical Leadership and Management Curriculum focuses on the specific competencies needed for medical management and leadership practice. These competencies are organised around the seven CanMEDS roles. The central role is that of Medical Leader based on the foundation of medical expertise and supported by competencies embedded in the CanMEDS roles of Communicator, Collaborator, Health Advocate, Manager, Scholar and Professional.

This curriculum project was led by the RACMA Curriculum Committee and our appreciation goes to the Chair of the Committee, Professor Gavin Frost. The Committee has conducted an 18-month cross-disciplinary, collaborative and consultative process involving Fellows, Associate Fellows, and Candidates, other specialist colleagues, academics and community members. This process of development has been ably co-ordinated by Ms Michelle Barrett-Dean and contributed to by the Education Unit in the National Office of RACMA.

It is with great pleasure that we present this documentation of the RACMA Medical Leadership and Management Curriculum, 2011. We are confident this curriculum will provide a firm foundation for supporting and enabling medical practitioners in their quest to be competent specialists in the field of medical administration.

Dr Roger Boyd
President
RACMA

Professor Gavin Frost
Chair Curriculum
Steering Committee
RACMA

Dr Lee Gruner
Chair Education and
Training Committee
RACMA

Dr Karen Owen
Chief Executive
RACMA

2   Medical Administration Defined

The RACMA Board defines medical administration as:

Administration or management utilising the medical and clinical knowledge, skill, and judgement of a registered medical practitioner, and capable of affecting the health and safety of the public or any person. This may include administering or managing a hospital or other health service, or developing health operational policy, or planning or purchasing health services.

RACMA is one of a few medical colleges in the world accredited to offer Medical Administration as a specialty. While many undergraduate and postgraduate medical curricula contain elements of medical leadership these do not equip graduates with adequate skills, knowledge and experience to be safe and effective medical managers.

In an education that focuses purely on clinical practice, medical practitioners receive little or no training in areas such as national health systems governance, health law, health economics and health care financing, health care organisation, human resource management, communication and collaboration with diverse and sometimes conflicting stakeholders, education, strategy and change management. Competence in these areas is essential in the medical leader.

3   The Changing Face of Medical Administration

The College was formed in September 1963 in response to the need for 'a professional association dealing with the specialty of medical administration'. Since that time, the specialty of medical administration has continued to change.

The last decade has seen an increased focus on medical governance, with Fellows leading risk management and quality assessment, performance management of medical staff, professional development and credentialling. Consequently Fellows have become less involved in strategic health service and funding issues than they were in the past.

In recent years Queensland (2005) Victoria (2006) and New South Wales (2008) have conducted broad and in-depth inquiries into the performance of their public hospitals. All identified the distancing of clinicians from those in health service management as a key contributor to the systems' failings.

For example, in response to 'growing public disquiet about the quality and safety of public health services in Queensland' and 'specific concerns raised by health professionals about Queensland Health's excessive

structural layers of decision making and bureaucratisation of clinical practice' the Queensland Government commissioned an independent inquiry, conducted by Peter Forster in 2005, to investigate the situation.

The Forster Queensland Health System Review received numerous reports from medical practitioners who felt 'undervalued and marginalised from the Queensland health care system...where their skills were not appreciated, where junior doctors felt unsupported and where they had limited ability to influence the way the health system was run.'(Forster, 2005)

In 2006 the Victorian Government announced a Ministerial Review of the impact that clinical and corporate governance reforms were having on senior medical staff in Victorian public health services. As in Queensland, the review panel received numerous reports of the negative impact that 'progressive bureaucratic expansion, repeated changes in senior management, constant changes in management strategy, repeated re-organisations of resources and progressive separation of management from medical, nursing and paramedical staff'(Forster, 2005) was having on medical staff morale, productivity and the quality and safety of patient care.

In NSW, the Special Commission of Inquiry into Acute Care Services in NSW Public Hospitals (Garling, 2008) made similar findings. The Commission received reports of clinicians losing the ability to make decisions at the local level partly due to the centralisation of health service management in or near one hospital or area health service, leaving some clinicians and middle managers at locations physically distant from decision makers. The physical distancing of management coupled with an increase in administrative layers required to make decisions has reportedly made things worse. The other significant factor contributing to the growing divide between health service management and clinicians was the lack of clinical training among health service managers. It was reported that 'there are too many non-clinicians in key management positions'; and that 'managers with a clinical background are valuable and too few and far in between'; 'directors of clinical operations should have a medical background, rather than a financial and accounting background'; 'the number of opportunities for medical practitioners to take up managerial roles should be increased, along with greater opportunities to undertake the education and training to develop the necessary skills'.

In 2008/2009 RACMA designed and undertook a survey in collaboration with the Royal Australasian College of Surgeons (RACS) to explore relationships between surgeons and medical administrators (The Quarterly, June 2009). The survey highlighted a clear divide between these key clinical groups and the challenges which need to be addressed to build relationships based on trust and engagement. The Colleges have developed a series of workshops to develop mutual understanding of the patient focus perspectives of each group. The first workshop occurred in Sydney in November 2009 and now there are

annual workshops to build relationships between RACS and RACMA Fellows.

More recently the National Health and Hospitals Health Reform Commission made 123 recommendations in its final report, A Healthier Future for All Australians, June 2009. Numerous recommendations impact on medical leadership, training and workforce development.

3.1 The Importance of Medical Leadership

There has been much discussion about whether a medical administrator needs to be a medical practitioner or whether a non-medical manager could provide the same level of service. RACMA, through its comprehensive evaluation of health care industry needs, which are discussed in this section, believes that a specialist medical practitioner is fundamental to meeting the multi-factorial, high risk requirements inherent in medical administration.

Effective medical leadership is recognised as essential for improving the performance of health services and enhancing the wellbeing of patients and the quality of outcomes. A growing body of literature has also argued that medical leadership plays an integral part in the success and effectiveness of organisational change in the health sector (Ham, 2003). This is largely because medical practitioners in the health sector are often viewed as having greater control over decisions than workers in other areas. Medical practitioners are more likely to be influenced and persuaded by medical leaders to bring about positive change because they believe they have 'walked a mile in their colleagues' shoes' and view them as more reliant, trustworthy, and credible.

Although the literature provides little insight and clarity about the definition and scope of medical leadership, it has been suggested that medical leaders 'define what the future should look like, align people with that vision and inspire them to make it happen despite the obstacles'. In other words, medical leaders engage people who are difficult to engage, serve as role models for their peers, and create an environment in which quality improvements can thrive. For individuals who are trained to manage individual cases and guard their professional autonomy above all else, the effect of being asked to take on these leadership roles in the consumer interest is considerable, and not often acknowledged.

Being an effective medical leader clearly requires a different set of skills from being a good clinician (Reinersten, 1998). It is therefore important that medical leaders are supported and equipped with the high-level skills required for their role (e.g. leading and developing multidisciplinary teams, understanding organisational systems, processes and interdependencies, redesigning services and working collaboratively with a wide range of stakeholders). Indeed, reviews of medical programs have

found that individuals who participate in leadership training are more likely to feel empowered to influence the provision of patient-centred care, develop a greater sense of self-awareness and confidence to initiate positive change, and promote better team alignment (Stoller, 2008).

In the UK, the NHS (following the first Darzi Report in 2008) established the Enhancing Engagement in Medical Leadership Project. This UK-wide project aims to:

'stimulate creation of a culture where doctors seek to be more engaged in management and leadership of health services, and non-medical leaders genuinely seek their involvement to improve services for patients'.

As part of this project the Institute for Innovation and Improvement has been funded and has to date published a number of works exploring the engagement of doctors in leadership, including:

- Medical Leadership Competency Framework
- Medical Engagement Scale
- Engaging Doctors: Can doctors influence organizational performance
- Engaging Doctors in Leadership: What can we learn from international experience and research evidence?
- Medical Chief Executives in the NHS, April 2010.

These and other materials can be obtained at www.institute.nhs.uk/building_capability/enhancing_engagement/enhancing_engagement_in_medical_leadership.html.

The specialist medical manager draws on a combination of clinical and management competencies, to form a bridge between the needs of doctors, other clinicians, government and business to achieve the operational needs of health services and deliver safe patient care outcomes. The integration of medical and management knowledge enables the medical administrator to work through others to accomplish complex outcomes while simultaneously being accountable and accepting responsibility for medical services outcomes. While medical management is not directly involved in the diagnosis and treatment of patients, the clinical skills and knowledge inherent in medical training separate medical managers from other health service executives. The medical manager brings to decisions a medical 'lens' through which they are able to view decisions and emerging issues. It is the application of this medical lens that distinguishes medical management as a specialty

Professional medical managers take a global view of health service delivery and the pathway to improvement. What they need to know in a particular specialty, they can absorb quickly from their medical specialist colleagues to gain an understanding of what is important in moving health care forward. This often involves understanding, absorbing and analysing information from a variety of specialties simultaneously to make a decision to benefit the health service or health service delivery as a whole. Doctors are

the most important health service staff in evaluating new health care interventions and use of resources.

In making daily decisions in health service management, the medical manager applies medical knowledge to assess the impact, consequences, risk and clinical outcomes of management decisions. It is the mandate of the medical manager to apply clinical medicine to the development of policy, strategy, service design, encouraging behaviour change and identifying effective clinical outcomes.

The empirical evidence supporting the contribution of the professional medical manager to improved medical care is primarily qualitative. An analysis of qualitative case studies by Mountford and Webb (2009) looked at the performance of medically qualified health service executives working as chief executives, directors of medical services or department heads. These specialist medical managers were involved in a broad range of activities crucial to sustainable health care delivery and had a direct and immediate effect on the quality and safety of patient care in Australian and New Zealand hospitals. Gruner and Boyd (2006) refer to the influence that specialist medical managers have on medical staff based on their medical expertise. This influence was acknowledged by non-medical managers and was lauded as being instrumental in implementing successful and cost-effective change.

4 Rationale for Developing the Curriculum

As shown in the previous section, evidence emerging from research overseas indicates that health services performance is enhanced where medical practitioners lead.

RACMA Fellows have had a lengthy immersion in medicine both as students and clinicians and the apprenticeship model of learning in medicine provides a unique experience that no non-medical practitioner can achieve. It is their medical knowledge and their experience as practicing clinicians that provides them with the in-depth understanding of the way that clinical staff, and particularly doctors, work within organisations and the ways in which doctors are able to influence health services to implement change. The medical expertise of the management-trained doctor can then be used to influence other doctors to support and nurture those changes which simultaneously benefit patients and health services to provide better outcomes for health services as a whole.

In 2010, RACMA commissioned a study of medical leadership training in Australia and New Zealand (Siggins Miller 2010) which identified a plethora of largely short didactic training programs for clinicians funded variously by government agencies and employers. Most notable was the absence of a national framework for medical

practitioners to guide the development of competency through undergraduate to postgraduate and the continuing assessment/maintenance of standards for medical leadership. The College is developing a strategy to respond to this gap, and the Medical Leadership and Management Curriculum Framework is part of this.

The growing impact of higher expectations of quality and safety in health care and the importance of robust appointment, credentialling and performance management procedures for medical staff underpin the need for a well-trained and competent medical manager workforce into the future. Medical managers are involved in a range of activities that are crucial to sustainable health care delivery and have a direct and immediate effect on the delivery of health care in Australian and New Zealand hospitals.

The College Board has made advocacy a key strategic priority. The Chief Executive and the Board continue to strengthen liaisons in Australasia, and elsewhere, with key national and jurisdictional stakeholders in order to support and fund the training of doctors in medical management and leadership.

5 Curriculum Development Process

The RACMA Training Program in medical administration has been delivered since the 1960s and its primary goal has always been to develop doctors able to lead from senior and executive management roles. The specialist training program has evolved iteratively, driven by the College Board, Censor-in-Chief and Fellows of the College. Documentation of this curriculum is embedded in policies and procedures relating to the conduct of the educational and training programs.

By 2000/2001, most Australian medical colleges had begun to evaluate the work of the Royal College of Physicians and Surgeons of Canada. The CanMEDS competency framework was widely adopted and/or adapted by the majority of specialist medical Colleges, including RACMA. Development of the College's framework of competencies in 2005/2006 enabled it to improve its training program and align it with the needs of the Australian and New Zealand health care systems and the demands of their medical management workforces. Robust debate within the College clarified the differences in competencies and roles between clinician managers and medical administrators. Discussions continue today, particularly as the College continues to advocate for increased recognition and funding of its training program in times of critical workforce need and in the face of rising demand for quality care, accountability and medical leadership.

In the lead up to accreditation by the Australian Medical Council (AMC) in 2007/2008, the College consolidated and integrated this extensive documentation, and in 2010 and

2011 further developed the RACMA Medical Leadership and Management Curriculum. The AMC's review of the College's training programs was positive and the College achieved four years' accreditation. Key among the AMC recommendations was the requirement to complete documenting its curriculum and to report annually on this progress. The College Fellows have embraced this process and its progress is evidenced by this document.

The RACMA Board formed a Curriculum Steering Committee to oversee the development of the Medical Leadership and Management Curriculum. Committee members include the Chair of Education and Training, Chair of the Credentialling Committee, a Jurisdictional Coordinator of Training, a Candidate representative, a number of expert educators and external advisers.

Also consulted were College faculty, Fellows in Australia and New Zealand, Candidates, external experts including employers, policy makers and funding bodies, other specialist colleges, academics and community members.

In addition, the review and development of the RACMA Medical Leadership and Management Curriculum took into account:

- contemporary and best practice adult education principles

- a RACMA curriculum review survey

- the RACMA Constitution, Mission statement, Strategic Plan, Code of Professional Standards, Curriculum Development and Review Policy, Core Competencies Framework and FTP Curriculum document

- the Australian Qualifications Framework (AQF)

- the Australian Medical Council and Medical Council of New Zealand recommendations requirements for specialist medical education accreditation

- benchmarking against other Australian and international medical management education programs, e.g. the British Association of Medical Managers, UK National Health Service and the American College of Family Physicians.

The RACMA Medical Leadership and Management Curriculum is a dynamic document which adapts to the changing needs of Australasian health systems and the medical practitioners who aspire to lead and manage health bodies in Australia and New Zealand.

5.1   Curriculum Objectives

The RACMA Medical Leadership and Management Curriculum:

- reflects the complex, diverse and challenging nature of the specialist medical manager in Australian and New Zealand health systems

- ensures that Fellows are equipped with competencies and perspectives in medical management that focus organisations on patient safety, disaster preparedness, fiscal responsibility and that build confidence for both staff and the community

- articulates the knowledge, skills, behaviours and attitudes expected of a specialist medical manager

- provides an educational framework within which Candidates can learn and develop, by specifying the direction, content, delivery, support and assessment of the stated outcomes

- ensures quality and consistency across the various health care systems, states, territories and countries in which it is delivered

- is dynamic, through ongoing monitoring and review, to ensure currency with medical management issues and developments in medical education

- inspires potential Candidates and trainers to engage in the RACMA Medical Leadership and Management Training program

- provides the standard against which all future medical leadership and management education programs will be compared

- inspires and nurtures lifelong learning and provides opportunities to explore this

- provides an educational resource for training Preceptors, Supervisors, executive Coaches, Censors and others.

5.2   Curriculum Vision Statement

The implementation of the curriculum will ensure a medical specialist who uses the expertise gained and their clinical background to lead and influence health service delivery.

5.3   Curriculum Mission Statement

The RACMA Medical Leadership and Management Curriculum defines the capabilities and competencies for training, attaining and enhancing of the skills of the specialist medical administrator. The curriculum is accredited by the Australian Medical Council and doctors who complete the training program are eligible to join RACMA as Fellows.

5.4   Curriculum Competency Framework

The College has adapted the CanMEDS model to bring into focus the Medical Leader – the medical specialist with expertise in health organisation management practice.

RACMA's Medical Leadership and Management Curriculum adapts the seven CanMEDS Role competencies of Medical Expert, Communicator, Advocate, Scholar, Professional, Collaborator and Manager. Integrating these role competencies develops capability in executive management and leadership, which distinguishes the specialist medical administrator. The following figure summarises these seven role competencies and the competency themes of each one.

Figure 1: RACMA Medical Leadership and Management Curriculum Framework
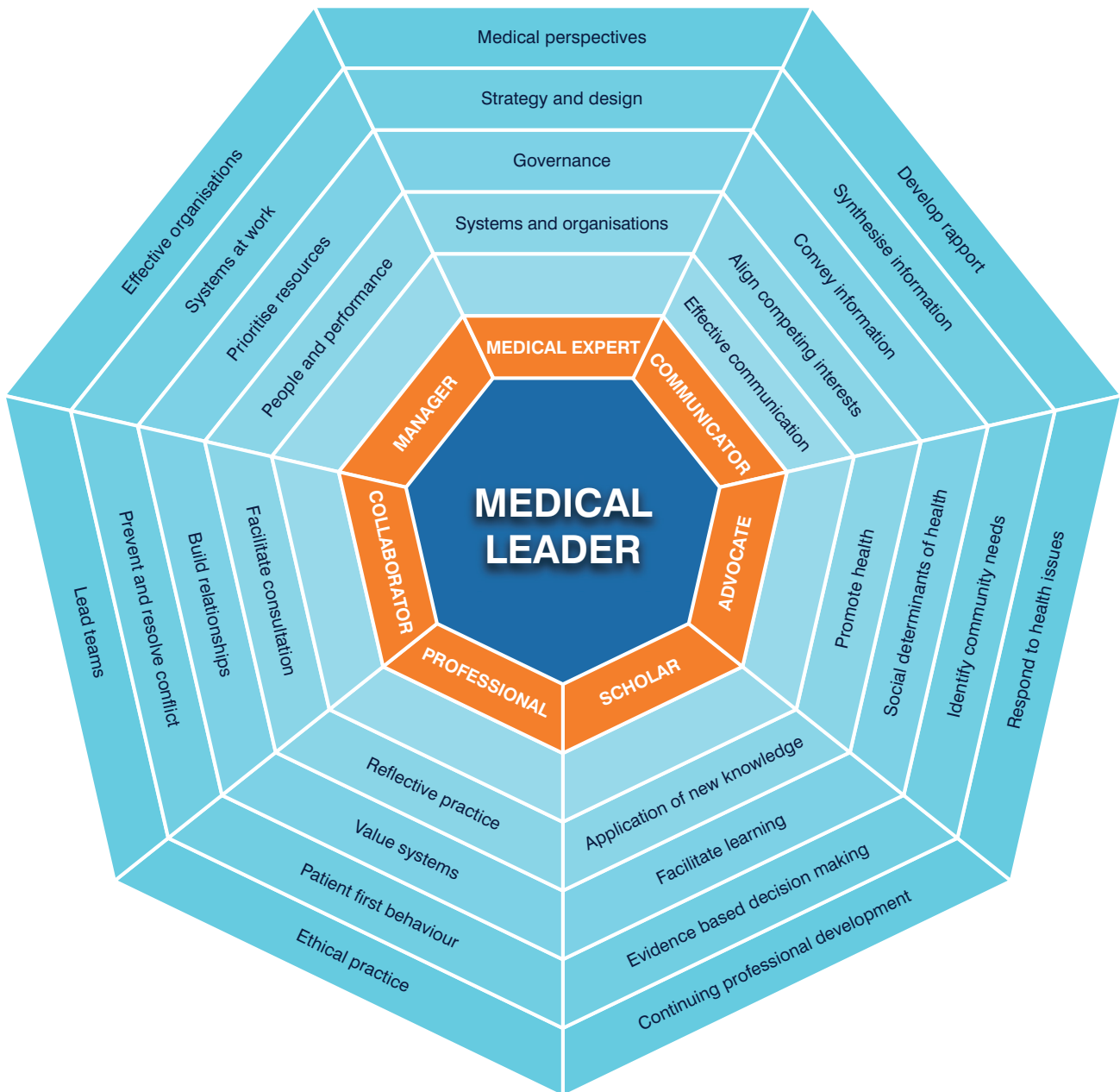
Within each of the role competency themes, the curriculum defines a set of key goals which are further articulated through a set of enabling competencies and objectives. Together these describe the competency framework in the RACMA Medical Leadership and Management Curriculum.

A summary of each role competency with its key goals is set out below and is further explained in Details of Role Competencies starting on page 11.

5.4.1 Summary of the Key Goals of Role Competencies

Descriptions of the key goals for achieving the role competencies of a medical leader follow.

Role Competency: Medical Leader

Key Goals:

- demonstrate intelligent leadership
- achieve high levels of self-awareness
- manage Self in relation to others
- serve in and lead from management roles.

Role Competency: Medical Expert

Key Goals:

- bring medical input to organisational decision making and influence others
- analyse complex problems to discern risks and benefits of actions and plan appropriately
- design and implement appropriate governance systems
- work within a team consulting with other health professionals to achieve organisational goals.

Role Competency: Communicator

Key Goals:

- engage with stakeholders to communicate within and outside the organisation
- analyse complex information and evidence to formulate policy and make decisions
- convey relevant information and explanations to diverse groups
- develop shared understandings and align competing interests
- understand effective communication methodologies and pathways.

Role Competency: Advocate

Key Goals:

- respond to the health needs of patients and populations
- respond to the health needs of communities and systems
- identify the determinants of health for populations
- influence policy and practice to optimise health outcomes.

Role Competency: Scholar

Key Goals:

- maintain and enhance professional activities through ongoing learning
- critically evaluate information for decision making
- facilitate learning for all stakeholders
- demonstrate the ability to apply research skills to management tasks.

Role Competency: Professional

Key Goals:

- demonstrate awareness of ethical issues in managerial and clinical decision making
- demonstrate 'patient first' behaviour
- demonstrate behaviour that is always within the value systems of the College
- demonstrate a commitment to doctor health and sustainable practice.

Role Competency: Collaborator

Key Goals:

- participate effectively and appropriately in an inter-professional healthcare team
- work effectively with other health professionals to prevent, negotiate and resolve inter-professional conflict
- build effective relationships with all stakeholders
- engage and facilitate appropriate consultation around key issues through a variety of mechanisms.

Role Competency: Manager

Key Goals:

- think on your feet while analysing, determining options and acting within real-world timelines
- adopt a systems approach to all management tasks
- be familiar with methods used to prioritise resources and allocate these to appropriately achieve organisational priorities
- implement appropriate human resource management.

5.4.2 Details of Role Competencies

Pages 11 to 24 detail the key goals and objectives for each of the Role Competencies in the curriculum.

Medical Leader

Medical Leader role competency statement

As doctors, medical administrators 'run' organisations and lead from management roles; by drawing on a combination of clinical and management competencies and through associations with other clinical and non clinical stakeholders they construct the operational and strategic vision to affect change and achieve safe patient care outcomes and the operational needs of health services.

Competency Theme	1. Leadership	
Key Goal	**Enabling Competencies and Objectives**	
1. Demonstrate intelligent leadership	1.1	Has knowledge of current leadership theory
	1.2	Reflects on leadership theory and current practice
	1.3	Creates a shared vision for self and others
	1.4	Leads from a management position when the situation demands
	1.5	Inspires confidence
	1.6	Manages complexity and paradox in a system

Competency Theme	2. Emotional Intelligence	
Key Goal	**Enabling Competencies and Objectives**	
2. Achieve high levels of self-awareness	2.1	Identifies the effect of previous decisions on the current situation
	2.2	Selects appropriate personal behaviour for the given context
	2.3	Knows and acknowledges own strengths and weaknesses
	2.4	Effectively manages own emotions
	2.5	Engages in self-directed learning
	2.6	Continually challenges own biases and assumptions
	2.7	Actively reflects on actions and experiences
	2.8	Demonstrates adaptability to context

Competency Theme	3. Relationship to Others	
Key Goal	**Enabling Competencies and Objectives**	
3. Manage self in relation to others	3.1	Develops and implements strategies to motivate others
	3.2	Takes responsibility for own actions and performance
	3.3	Demonstrates awareness of impacts of behaviour and decision making on others
	3.4	Seeks out and respects the perspectives of others when making decisions
	3.5	Creates a no blame culture in the work place
	3.6	Builds bridges between different stakeholders
	3.7	Resolves conflicts and creates alignment

Competency Theme	4. Constructive Relationships	
Key Goal	**Enabling Competencies and Objectives**	
4. Serve in and lead from management roles	4.1	Shows respect for professional autonomy while facilitating 'followship'
	4.2	Creates environments in which others work to achieve patient and organisational outcomes
	4.3	Leads and develops multi disciplinary teams
	4.4	Defines futures and direction for teams and organisations
	4.5	Delivers effective health service and operational change
	4.6	Achieves results and outcomes through others

Medical Expert

Medical Expert role competency statement

As doctors, medical administrators lead from management roles, bringing multiple theoretical perspectives and skills to bring about movement and constructive change in health services organisations for the benefit of quality patient-centred care.

Competency Theme	5. Medical Perspectives	
Key Goal	**Enabling Competencies and Objectives**	
5. Bring medical input to organisational decision making and influence others' behaviour	5.1	Has knowledge of health care system organisation and funding
	5.2	Works with health care system to produce optimal results for patients, doctors and staff
	5.3	Understands the Australian and New Zealand health care systems
	5.4	Demonstrates knowledge of best practice in international health care systems
	5.5	Has knowledge of national health issues and priorities, e.g. mental health, funding priorities, rural health, structures, etc
	5.6	Understands doctors motivations, values, 'hot buttons'
	5.7	Understands theories of influence / power / levers for change
	5.8	Demonstrates a transparent consultative style
Competency Theme	**6. Strategy and Design**	
Key Goal	**Enabling Competencies and Objectives**	
6. Medical Administrators analyse complex problems to discern risks and benefits of actions and plan appropriately	6.1	Has knowledge of advantages and disadvantages of new technologies
	6.2	Demonstrates ability to assess impacts of proposals to advance patient care
	6.3	Has knowledge of disaster management principles
	6.4	Demonstrates ability to formulate response management plans
	6.5	Demonstrates knowledge and capacity to source and interpret appropriate data and evidence for decision making
	6.6	Demonstrates ability to assess clinical risk in a variety of scenarios
	6.7	Undertakes or coordinates reviews of services, medico-legal events, etc and provides appropriate advice and identifies solutions

Medical Expert

Competency Theme	**7. Governance**
Key Goal	**Enabling Competencies and Objectives**
7. Medical Administrators design and implement appropriate governance systems	7.1 Can define health systems theory and practice, including funding models
	7.2 Has knowledge of relevant legislation and implementation
	7.3 Demonstrates understanding of effective systems of governance, e.g. structure and accountability, policy, legislation and regulation and standards, performance management, credentialing and reporting
	7.4 Can discuss key enquiries that have shaped good governance systems
	7.5 Develops options for different health services
	7.6 Accepts that all people have a right to health care
	7.7 Designs and implements corporate and clinical governance systems
	7.8 Educates others on systems of governance
	7.9 Displays enthusiasm and commitment for developing governance systems
	7.10 Demonstrates a consultative style in design and implementation of governance
Competency Theme	**8. Systems and Organisations**
Key Goal	**Enabling Competencies and Objectives**
8. Work within a team consulting with other health professionals to achieve organisational goals	8.1 Effectively consults with stakeholders in decision making to align optimal patient and organisation care
	8.2 Monitors patient services and respond appropriately with workable solutions
	8.3 Builds bridges between patients, doctors and organisations
	8.4 Demonstrates understanding of systems of care
	8.5 Demonstrates the plurality of doctor and manager in situations other than patient care, such as advising governments or running organisations
	8.6 Recognises and responds to the ethical dimensions in the interfaces between medical and management decision making
	8.7 Places patient safety and quality first in all decision making

Communicator

Communicator role competency statement

Doctors as medical administrators use effective communication with a diverse range of stakeholders, to develop solutions to complex health issues, develop safe systems of service and align the patient-centred care with organisational and external expectations.

Competency Theme	9. Develop Rapport
Key Goal	**Enabling Competencies and Objectives**
9. Medical Administrators engage with stakeholders to communicate up, down and across the organisation – internally and externally	9.1 Understands the importance of communication at all levels
	9.2 Demonstrates rapport with people at all levels
	9.3 Adapts communication styles for different stakeholders
	9.4 Able to develop options for influencing medical staff behaviour
	9.5 Able to tailor the message to different stakeholders
	9.6 Combines clinical and management perspectives

Competency Theme	10. Synthesise Information
Key Goal	**Enabling Competencies and Objectives**
10. Medical Administrators analyse complex information and evidence to formulate policy and make decisions	10.1 Displays expert knowledge on health care issues
	10.2 Demonstrates high level abstraction and discrimination skills
	10.3 Interprets and synthesises complex information
	10.4 Carries out analysis using expert evidence
	10.5 Is able to articulate clear priorities
	10.6 Demonstrates balance in the representation of alternative views
	10.7 Shows evidence of reflection
	10.8 Challenges assumptions and existing ideas

Competency Theme	11. Convey Information
Key Goal	**Enabling Competencies and Objectives**
11. Medical Administrators convey relevant information and explanations to diverse groups	11.1 Demonstrates understanding of communication styles and communication theory
	11.2 Teaches competently, e.g. training registrars, mentoring and coaching course
	11.3 Writes reports, policies and plans
	11.4 Able to distil a simple clear message from the evidence base
	11.5 Respects diversity and difference, including the impact of gender, religion and cultural beliefs on decision-making

MEDICAL LEADER

Competency Theme	12. Align Competing Interests
Key Goal	**Enabling Competencies and Objectives**
12. Develop shared understandings and align competing interests	12.1 Demonstrates the ability to work within a team and as a leader of a team to obtain outcomes
	12.2 Demonstrates success in convincing others
	12.3 Can discuss adult learning theory and models
	12.4 Develops shared understandings
	12.5 Develops evidence-based alternatives
	12.6 Influences others to question and uses evidence to develop best practice
	12.7 Effectively identifies and explores problems to be addressed from a patient encounter, including the patient's context, responses, concerns, and preferences
	12.8 Encourages discussion, questions and interaction in the encounter
	12.9 Engages patients, families and relevant health professionals in shared decision making to develop a plan of care
	12.10 Effectively addresses challenging communication issues such as obtaining informed consent, delivering bad news and addressing anger, confusion and misunderstanding
Competency Theme	**13. Effective Communication**
Key Goal	**Enabling Competencies and Objectives**
13. Medical Administrators understand effective communication methodologies and pathways	13.1 Understands the importance of imparting knowledge using different techniques
	13.2 Demonstrates knowledge of communication methodologies and management of communication in organisations
	13.3 Is competent in audio-visual preparation and delivery
	13.4 Demonstrates the appropriate use of written and verbal communication
	13.5 Manages the media

Health Advocate

Health Advocate role competency statement

As doctors, medical administrators possess the ability to advocate for the needs of patients, doctors, staff, communities, populations and the health care organisation.

Competency Theme	14. Respond to Health Issues
Key Goal	**Enabling Competencies and Objectives**
14. Respond to the health needs of patients and populations	14.1 Describes the major issues in current public policy
	14.2 Able to articulate clear priorities
	14.3 Able to distil a simple clear message from the evidence base
	14.4 Has knowledge of workplace health and safety
	14.5 Identifies opportunities to improve quality of care
	14.6 Identifies opportunities to improve organisational functioning
Competency Theme	**15. Identify Community Needs**
Key Goal	**Enabling Competencies and Objectives**
15. Respond to the health needs of the communities and systems that they serve	15.1 Can obtain appropriate information about ethics, consumerism, public policy, law, resource allocation and population health
	15.2 Can obtain information which is free of prejudice or bias
	15.3 Understands ethics of resource allocation
	15.4 Demonstrates that information provided is free of prejudice or bias
Competency Theme	**16. Social Determinants of Health**
Key Goal	**Enabling Competencies and Objectives**
16. Identify the determinants of health for the populations that they serve	16.1 Identifies the determinants of health of the population, including barriers to access to care and resources
	16.2 Identifies vulnerable or marginalised populations within those served and responds appropriately
Competency Theme	**17. Promote Health**
Key Goal	**Enabling Competencies and Objectives**
17. Medical Administrators are able to influence policy and practice to optimise health outcomes	17.1 Able to identify points of leverage
	17.2 Displays an understanding of the prevailing ethos in the political system in optimising health outcomes
	17.3 Displays engaged attitude in policy discussions
	17.4 Identifies points of influence in the healthcare system and its structure
	17.5 Removes self and self interest from solutions to health advocacy issues

Scholar role competency statement

As doctors, medical administrators demonstrate a lifelong commitment to learning as well as the development and communications of new knowledge through research and investigation in the field of medical management and by reflective practice.

Competency Theme	18. Continuing Professional Development
Key Goal	**Enabling Competencies and Objectives**
18. Maintain and enhance professional activities through ongoing learning	18.1 Can identify personal gaps in knowledge
	18.2 Demonstrates the development of a life-long learning plan
	18.3 Displays behaviour which shows the importance of ongoing learning
	18.4 Reflects on experience to increase self knowledge
Competency Theme	**19. Evidence Based Decision Making**
Key Goal	**Enabling Competencies and Objectives**
19. Critically evaluate information for decision making	19.1 Demonstrates ability to research, collate and critically appraise information
	19.2 Thinks laterally and across paradigms
	19.3 Accepts the importance of providing appropriately researched and cited information in reports
	19.4 Is able to describe methods of obtaining new knowledge and skills that will be sought in the future
Competency Theme	**20. Facilitate Learning**
Key Goal	**Enabling Competencies and Objectives**
20. Medical Administrators facilitate learning for all stakeholders	20.1 Is able to express knowledge and information in various forms
	20.2 Publishes in journals and the media
	20.3 Contributes as a College faculty member to the education and training of new Fellows
	20.4 Describes principles of educational theory and research
	20.5 Is able to describe adult learning principles and describe how to use them in education
	20.6 Educates others on systems of governance

Competency Theme	21. Application of New Knowledge
Key Goal	**Enabling Competencies and Objectives**
21. Medical Administrators demonstrate ability to apply research skills to management tasks	21.1 Shows evidence of being up-to-date with new developments in appropriate fields of knowledge
	21.2 Describes the principles of research and scholarly inquiry
	21.3 Describes the principles of research ethics
	21.4 Poses scholarly questions
	21.5 Conducts a systematic search for evidence
	21.6 Selects and applies appropriate methods to address the question
	21.7 Appropriately disseminates the findings of a study
	21.8 Is able to describe the application of new knowledge and skills to management tasks

Professional

Professional role competency statement

Medical administrators act at all times within ethical and professional codes and norms of medical practice while also adapting to the expectations of the organisation and the community.

Competency Theme	22. Ethical Practice
Key Goal	**Enabling Competencies and Objectives**
22. Medical Administrators demonstrate awareness of ethical issues in managerial and clinical decision making	22.1 Displays knowledge of relevant medical ethics
	22.2 Is able to articulate the implementation of ethics in decisions
	22.3 Is able to implement management decisions which are ethically appropriate
	22.4 Always considers the ethical principles in decision making
	22.5 Always acknowledges conflicts of interest
	22.6 Acts consistently and with integrity

Competency Theme	23. Patient First Behaviour
Key Goal	**Enabling Competencies and Objectives**
23. Demonstrate 'patient first' behaviour	23.1 Demonstrates ability to tease out the patient issues in a scenario
	23.2 Is able to implement systems which are patient focussed
	23.3 Displays a positive attitude towards patients

Competency Theme	24. Value Systems
Key Goal	**Enabling Competencies and Objectives**
24. Medical Administrators demonstrate behaviour that is always within the value systems of the College	24.1 Is able to identify the core values of the College
	24.2 Utilises values as a base for a framework within which behaviour occurs
	24.3 Displays actions and behaviours that fall within an identified framework
	24.4 Demonstrates desired behaviour in daily practice
	24.5 Demonstrates respect for professional, legal and ethical codes of practice
	24.6 Is accountable at all times
	24.7 Participates in peer review and audits

Competency Theme	25. Reflective Practice
Key Goal	**Enabling Competencies and Objectives**
25. Demonstrate a commitment to doctor health and sustainable practice	25.1 Is able to accept feedback constructively
	25.2 Is able to change behaviour based on feedback
	25.3 Balances personal and professional priorities to ensure personal health and a sustainable practice
	25.4 Recognises other professionals in need and responds appropriately

Collaborator

Collaborator role competency statement

As doctors, medical administrators foster effective relationships between doctors, other clinicians, patients and other key stakeholders to achieve an improvement in patient health and health services outcomes.

Competency Theme	26. Lead teams
Key Goal	**Enabling Competencies and Objectives**
26. Participate effectively and appropriately in an inter-professional healthcare team	26.1 Constructs teams and leads where appropriate
	26.2 Encourages contribution
	26.3 Displays a positive attitude to participation in teams
	26.4 Is able to identify key players
	26.5 Integrates the contributions of others
	26.6 Describes the principles of team dynamics
Competency Theme	**27. Prevent and Resolve Conflict**
Key Goal	**Enabling Competencies and Objectives**
27. Effectively work with other health professionals to prevent, negotiate and esolve inter-professional conflict	27.1 Demonstrates respectful attitude towards colleagues and members of the inter-professional team
	27.2 Works with other professionals to prevent conflicts
	27.3 Employs collaborative negotiation to resolve conflicts
	27.4 Respects differences, misunderstandings and limitations in other professionals
	27.5 Recognises individual differences, misunderstandings and limitations in other professionals
	27.6 Demonstrates a knowledge of conflict resolution
	27.7 Demonstrates good conflict management and high level communication and interpersonal skills
	27.8 Demonstrates ability to make decisions when faced with multiple and conflicting perspectives
	27.9 Reflects on inter-professional team function
Competency Theme	**28. Build Relationships**
Key Goal	**Enabling Competencies and Objectives**
28. Medical administrators build effective relationships with all stakeholders	28.1 Demonstrates an understanding of relevant politics
	28.2 Shows tolerance of ambiguity
	28.3 Demonstrates negotiation skills
	28.4 Forms constructive alliances
	28.5 Builds and maintains relationships

Collaborator

Competency Theme	29. Facilitate Consultation
Key Goal	**Enabling Competencies and Objectives**
29. Medical administrators engage and facilitate in appropriate consultation around key issues through a variety of mechanisms	29.1 Identifies and works with key stakeholders
	29.2 Applies principles of Evidence Based Medicine in management
	29.3 Displays an ability to cope with complex and uncertain situations
	29.4 Displays an ability to 'sit with' the differences between the stakeholders in health systems
	29.5 Understands group dynamics, professionalism, professional bureaucracy
	29.6 Uses a variety of mechanisms appropriate for consultative purposes
	29.7 Demonstrates complex problem solving skills

Manager role competency statement

As doctors, medical administrators 'run' organisations and facilitate the work of health service teams through organising resources, planning service delivery and building sustainable practices; providing consistency, order and efficiency in the operation of health services.

Competency Theme	30. Effective Organisations
Key Goal	**Enabling Competencies and Objectives**
30. Think on your feet while analysing, determining options and acting within real world timelines	30.1 Demonstrates a broad knowledge of business and medical ethics
	30.2 Demonstrates a broad knowledge of organisational dynamics
	30.3 Demonstrates ability to prioritise tasks
	30.4 Demonstrates analysis of possible options
	30.5 Demonstrates ability to act quickly when necessary
	30.6 Displays an understanding of their own level of comfort with risk taking
	30.7 Produces pragmatic solutions to problems, utilising least worst option

Competency Theme	31. Systems of Work
Key Goal	**Enabling Competencies and Objectives**
31. Medical Administrators adopt a systems approach to all management tasks	31.1 Identifies the effect of previous decisions on the current situation
	31.2 Displays a broad knowledge of business and operational processes
	31.3 Demonstrates the ability to manage an organisational unit
	31.4 Obtains and utilises appropriate corporate knowledge
	31.5 Describes the use of systems theory in management
	31.6 Demonstrates the application of systems theory to management tasks
	31.7 Uses information to develop new systems (does not re-invent the wheel)
	31.8 Consults widely
	31.9 Communicates vision and direction for others to follow

MEDICAL LEADER

Competency Theme	32. Prioritise Resources
Key Goal	**Enabling Competencies and Objectives**
32. Be familiar with methods used to prioritise resources and allocate these appropriately to achieve organisational priorities	32.1 Develops and implements budgets for decision making and managerial control
	32.2 Allocates resources effectively
	32.3 Prepares and explains finance and performance reports
	32.4 Has knowledge of accounting principles
	32.5 Demonstrates the ability to act on financial information
	32.6 Understands health financing models, e.g. activity based funding
	32.7 Prepares business cases and cost benefit analyses
	32.8 Identifies the drivers of demand and expenditure within health care
	32.9 Demonstrates the ability to critically analyse, e.g. financial statements, business cases, audits and complaints
	32.10 Prepares services and capital plans
Competency Theme	**33. People and Performance**
Key Goal	**Enabling Competencies and Objectives**
33. Implement appropriate human resource management	33.1 Recruits, allocates and monitors human resources
	33.2 Implements policies and procedures for effective clinical governance
	33.3 Manages performance of self, others, and systems of work
	33.4 Implements staff policies and procedures, e.g. credentialling
	33.5 Implements performance management

6 Curriculum Structure

The RACMA training program is a (minimum) three-year program. Candidates must fulfil the requirements of each component to be eligible for fellowship.

6.1 Components

The following table summarises the components of the Medical Leadership and Management Curriculum. Below it is further description of each component, with the delivery and assessment methods.

Component 1: Satisfactory completion of the RACMA national training program, which is controlled by the Education and Training Committee. This program includes annual workshops, written work, preceptorship and coaching (accelerated pathway), in-training assessment reports and oral examination. The training program is delivered at national level and Candidates are supported in their jurisdiction by Jurisdictional Coordinators of Training.

Component 2: Formal academic studies at an Australian or New Zealand university in a Masters degree (or equivalent), which contains the core subject matter required by RACMA.

The following core content areas satisfy RACMA requirements:

- health care systems: the principles and practice of Australian or New Zealand health systems

- health law and ethics: ethics and law in public health and in the management of health care institutions, with a focus on public health and health care management

- health economics: an introduction to issues and theoretical perspectives of health economics in the local and national context

- financial management in health: particularly the three main accounting statements – the balance sheet, profit and loss statement and cash flow statement

- epidemiology and statistics: the distribution patterns and determinants of disease and disability with particular reference to diseases of major concern in Australasia

- two appropriate management units, e.g. human resources in health, clinical governance and risk management, management and organisation, quality and health systems improvement.

Units covering core content are generally supplemented by elective units that offer the opportunity for Candidates to explore areas of interest to a greater depth. Appropriate management electives may include public health, quality and safety, medical ethics, governance, leadership, organisation, human relations or industrial relations. There may also be the opportunity for Candidates to undertake a case study as part of the academic program, which permits further reflection on, and development of, initial areas of study.

Completion of the university Masters degree program typically occurs over a three-year period. It may be undertaken before or during the period of candidacy. The recognition of prior academic study is assessed on an individual basis by the College. Where credit is granted, Candidates are exempted from the full requirement to undertake the university Masters degree program.

Before enrolment, Candidates are required to discuss their preferred study program with the relevant Jurisdictional Coordinator of Training and their preferred university, to be sure that the program satisfies College requirements.

Component 3: a minimum of three years full-time or equivalent, supervised medical management experience in an accredited training post in a health workplace.

Although a diversity of training posts is preferred to broaden experience, training may be undertaken at a single health service where the Candidate is in a substantive position. Candidates have an on-site management Supervisor and a College Preceptor for the duration of their training. When a Candidate relocates their employment during their Fellowship training program, a new Supervisor and training post will be approved.

Table 1: Components of the Medical Leadership and Management Curriculum

Component	Content	Delivered By	Assessment Method
1	RACMA training program	National Education and Training Committee Jurisdictional Coordinators of Training	RACMA program requirements and accredited resources
2	University Masters degree studies or equivalent	RACMA-recognised universities or equivalent	University program requirements
3	Supervised workplace training in medical services management	Accredited training posts with RACMA supervisors	College/training organisation accredited/recognised by RACMA

Candidates must advise the College of Supervisor changes or if they relocate employment or rotate to a new training post. A new College Preceptor is allocated only if the Candidate moves between states, the Preceptor moves between states or the Candidate requests a new Preceptor.

6.2 Individual Training Plan

Each year Candidates develop an individual training plan. This plan is developed in conjunction with a Candidate's Supervisor and Preceptor and involves aspects from components 1–3 above.

6.3 Progression

The progression of a Candidate through the RACMA curriculum to assessment as a competent medical administrator is mapped to the Dreyfus model of skills acquisition (Dreyfus 1980). This model is shown in the following table.

Candidates are expected to progress from Novice to Competent (Dreyfus: Competent Skill Level), at a minimum, by the time they take the oral examination. Once they have passed the oral examination and completed all the training requirements, Candidates become graduates of the College and are eligible to apply for Fellowship. With increasing experience, more challenging roles and continuing professional development, new Fellows move from Competent to Expert in the years following the oral examination.

Table 2: Modified Dreyfus Model of Skills Acquisition: Novice-to-Expert scale

Skill Level	Knowledge	Standard of work	Autonomy	Coping with complexity	Perception of context
Novice	Minimal, or 'textbook' knowledge without connection to practice	Unlikely to be satisfactory unless closely supervised	Needs close supervision or instruction	Little or no conception of dealing with complexity	Tends to see actions in isolation
Apprentice (Beginner)	Working knowledge of key aspects of practice	Straightforward tasks likely to be completed to an acceptable standard	Able to achieve some steps using own judgment, but supervision needed for overall task	Appreciates complex situations but only able to achieve partial resolution	Sees actions as a series of steps
Competent	Good working and background knowledge of area of practice	Fit for purpose, though may lack refinement	Able to achieve most tasks using own judgment	Copes with complex situations through deliberate analysis and planning	Sees actions at least partly in terms of longer-term goals
Proficient	Depth of understanding of discipline and area of practice	Fully acceptable standard achieved routinely	Able to take responsibility for own work (and that of others where applicable)	Deals with complex situations holistically, decision-making more confident	Sees overall 'picture' and how individual actions fit within it
Expert	Authoritative knowledge of discipline and deep tacit understanding across area of practice	Excellence achieved with relative ease	Able to take responsibility for going beyond existing standards and creating own interpretations	Holistic grasp of complex situations, moves between intuitive and analytical approaches with ease	Sees overall 'picture' and alternative approaches; vision of what may be possible

From: Professional Standards for Conservation, Institute of Conservation (London) 2003, based on the Dreyfus model of skills acquisition.

7 Content and Learning Strategies

Delivery of the RACMA Medical Leadership and Management Curriculum draws on the principles of adult learning and an apprenticeship-style approach in which senior Fellows of the College preceptor, coach and mentor Candidates to acquire key competencies. The formal university Masters degree studies contribute theoretical studies in the multiple disciplines which underpin management studies. Each Candidate's work place is different and as such offers a diversity of learning experiences. As adult learners, Candidates are responsible for their own education and outcomes. The College, university and workplace take responsibility for providing the learning platform for the Candidate. Candidates are expected to take advantage of the educational opportunities offered, to identify personal gaps and pursue information and support to address these.

While undertaking their studies, Candidates maintain their general registration (as required by the Medical Board of Australia) and continue the professional development required for any existing specialist medical qualifications.

7.1 Teaching activities

Exposure to senior Fellows and experts in health management during training provides the context for formal theoretical studies and practical workplace experiences.

College workshops enable Candidates to communicate with a variety of senior Fellows. Discussion and debate assist reflection and learning about the management process while placing Candidates' own experiences in the broader context of the health system and the community. Candidates participate in several workshops during their candidacy, namely the national Induction Workshop, Communications Workshop, and the Pre- Examination Workshop. Further workshops and learning opportunities are conducted at jurisdictional level by senior College Fellows to support Candidates.

The following table lists suggested workplace learning activities that may provide the experiences required to achieve the key goals of the role competencies of Medical Leaders and Managers.

Table 3: Learning and Assessment Activities in the Medical Leadership and Management Curriculum

Role Competencies	Key Goals	Workplace Activities	Novice (needs close supervision or instruction, little or no concept of dealing with complexity)	Apprentice (able to achieve some steps to an acceptable standard using own judgement, but supervision needed for overall task)	Competent (able to achieve most tasks using own judgement; fit for purpose, though may lack refinement)	Assessment
Leader	Demonstrate intelligent leadership	Lead service business and quality planning processes. Manage crises. Manage a major change process. Create a vision that others endorse. Observe leaders' styles and effective leaders.	Provide input to business and quality planning processes. Become familiar with the organisation's disaster/ crisis management plan. Provide support, assist supervisor in change management project.	With some supervision take responsibility for key aspects of: • business and quality planning processes. • disaster/crisis management planning • planning for change.	Lead service business and quality planning processes. Manage a crisis to resolution. Implement an organization wide change process. Provide strategic advice.	Leadership case study In training assessment Oral examination
Leader	Achieve high levels of self awareness	Conduct self assessment/ self audit e.g. 360°, Enneagram. Reflect on the outcomes of self audit and apply them to leadership style. Demonstrate engagement in self-directed learning, e.g. reviewing literature to enhance theoretical knowledge of leadership, completion of postgraduate studies in leadership and management.	Conduct self-assessment, e.g. Enneagram. Use the result to identify suitable leadership activities with the supervisor. Keep a reflective diary. Undertake professional reading.	Participate in self audit, e.g. 360°. Participate in critical reflection at RACMA Communication Workshop. Keep a reflective diary. Undertake professional reading.	Participate in self-audit, e.g. 360°. Discuss feedback with supervisor and identify suitable developmental activities. Demonstrate ongoing learning, e.g. Present at leadership events or seminars.	Self-audit and peer review. Reflective writing exercises, e.g. Management Practice Folio papers. Post graduate studies in management and leadership.

Role Competencies	Key Goals	Workplace Activities	Novice	Apprentice	Competent	Assessment
Leader	Manage self in relation to others	Resolve personal conflicts in relation to others. Liaise with different stakeholder groups, both internal and external to the organisation. Consult widely, e.g. through staff/patient satisfaction surveys and focus groups before initiating change.	Attend conflict resolution meetings. Attend stakeholder consultations. Assist in the design, delivery and analysis of staff/client satisfaction surveys. Undertake post graduate management and leadership studies.	Resolve conflicts. Consult with stakeholder groups and initiate meetings to discuss issues of mutual concern. Implement staff/client satisfaction surveys. Attend leadership workshops and seminars.	Anticipate and implement strategies to mitigate conflict. Influence inter-professional decision making. Demonstrate well being and achievement of work/life balance.	
Leader	Serve and lead from management roles	Establish realistic and achievable key performance indicators, goals, aims, etc (both personal and for team members) with appropriate timelines and evaluation points. Participate and encourage participation in health enhancement projects and initiatives for practitioners and other staff. Influence others through position and personal characteristics and inspire commitment in others. Create a vision that others endorse.	Participate in performance management exercises. Assist in the research and development of health enhancement projects. Undertake a supervised leadership project.	Establish realistic and achievable key performance indicators, goals, aims, etc, (both personal and for team members) with appropriate timelines and evaluation points. Participate and encourage participation in health enhancement projects and initiatives for practitioners and other staff.	Establish realistic and achievable key performance indicators, (both personal and for team members) with appropriate timelines and evaluation points. Initiate, oversee and participate in health enhancement projects and initiatives for practitioners and other staff. Achieve demonstrable results and outcomes for the organisation.	Leadership case study In-training assessment Oral examination

Role Competencies	Key Goals	Workplace Activities	Novice	Apprentice	Competent	Assessment
Medical Expert	Bring medical input to organisational decision making and influence others	Participate in or chair key committees, e.g. peak executive/Board, patient satisfaction, resources, patient advocacy, stakeholders, patient safety or complaints. Review, develop and promulgate internal policies and procedures of the organisation and be able to communicate these to various stakeholders within and outside the organisation.	Participate in key committees, e.g. patient satisfaction, resources, patient advocacy, stakeholders, patient safety or complaints. Assist supervisor in the review and development of internal policies and procedures of the organisation. Work under supervision to communicate policies and procedures within the organisation.	Participate in or chair key committees, e.g. patient satisfaction, resources, patient advocacy, stakeholders, patient safety or complaints. Review and develop internal policies and procedures of the organisation and be able to communicate these to various stakeholders within and outside the organisation.	Chair key committees, e.g. peak executive/ Board, patient satisfaction, resources, patient advocacy, stakeholders, patient safety or complaints. Oversee the review, development and promulgation of internal policies and procedures of the organisation and lead communication of these to various stakeholders within and outside the organisation.	In-training assessment reports Oral examination
Medical Expert	Analyse complex problems to discern risks and benefits of actions and plan appropriately	Conduct an organisational impact assessment or needs analysis for the introduction of a new technology or process. Research process improvement cases from other hospitals. Review clinical incident reports and produce a list of recommendations to institute change. Conduct a patient impact assessment into the introduction of new processes.	Assist in an organisational impact assessment or needs analysis for the introduction of a new technology or process. Research process improvement cases from other hospitals. Assist in the review of clinical incident reports. Assist in the conduct of a patient impact assessment into the introduction of new processes.	Develop and assist in the conduct of an organisational impact assessment or needs analysis for the introduction of a new technology or process. Research process improvement cases from other hospitals. Review clinical incident reports and draft recommendations to institute change. Participate in a patient impact assessment into the introduction of new processes.	Conduct an organisational impact assessment or needs analysis for the introduction of a new technology or process. Research process improvement cases from other hospitals. Review clinical incident reports and produce a list of recommendations to institute change. Conduct a patient impact assessment into the introduction of new processes.	

Role Competencies	Key Goals	Workplace Activities	Novice	Apprentice	Competent	Assessment
Medical Expert	Design and implement appropriate governance systems	Actively participate in an organisational quality committee, preferably the peak executive or Board quality committee. Be involved in Coronial reports and/or investigations, FOI requests, insurer notifications, medico-legal reports and subpoenas. Be involved in one or more of: • clinical Risk Management training or activity • review of a clinical incident • quality improvement activity.	Participate in an organisational quality committee. Be involved in one or more of: • clinical Risk Management training or activity • review of a clinical incident • quality improvement activity.	Actively participate in an organisational quality committee. Be involved in Coronial reports and/or investigations Be involved in one or more of: • clinical Risk Management training or activity • review of a clinical incident • quality improvement activity.	Actively participate in or Chair an organisational quality committee, preferably the peak executive or Board quality committee. Be involved in Coronial reports and/or investigations, FOI requests, insurer notifications, medico-legal reports and subpoenas. Actively participate in one or more of: • clinical Risk Management training or activity • review of a clinical incident • quality improvement activity.	

Role Competencies	Key Goals	Workplace Activities	Novice	Apprentice	Competent	Assessment
Medical Expert	Work within a team consulting with other health professionals to achieve organisational goals	Gain experience in operational activities such as: • unit or divisional operational committees • service development • service review • planning activities, e.g. strategic, capital, business, operational or quality • other committees, e.g. Infection Control, Medical Advisory or Blood Transfusion.	Work with supervisor to gain exposure to operational activities such as unit or divisional operational committees.	Identify and participate in activities to increase operational knowledge and experience, such as: • unit or divisional operational committees • service development • service review.	Broad experience in a range of operational activities such as: • unit or divisional operational committees • service development • service review • planning activities, e.g. strategic, capital, business, operational or quality • other committees, e.g. Infection Control, Medical Advisory or Blood Transfusion.	

Role Competencies	Key Goals	Workplace Activities	Novice	Apprentice	Competent	Assessment
Communicator	Engage with stakeholders to communicate across the organisation, and represent the organisation externally	Chair or actively participate in a range of health service committees, e.g. complaints, adverse events, consumers or advocacy. Represent the organisation on committees with external organisations. Where possible, participate in: • Senior Medical Staff (SMS) credentials committee • SMS appointment processes • Junior Medical Staff (JMS) appointment processes • International Medical Graduate appointment processes • performance management of SMS/JMS • education and training of medical staff especially JMS.	Participate in a range of health service committees, e.g. complaints, adverse events, consumers or advocacy.	Actively participate in a range of health service committees, e.g. complaints, adverse events, consumers or advocacy. Where possible, participate in: • JMS appointment processes • IMG appointment processes • performance management of JMS • education and training of JMS.	Chair or actively participate in a range of health service committees, e.g. complaints, adverse events, consumers or advocacy. Represent the organisation on committees with external organisations. Where possible, participate in: • SMS credentials committee • SMS appointment processes • JMS appointment processes • IMG appointment processes • performance management of SMS/JMS • education and training of medical staff especially JMS.	Research oral presentation Oral examination In-training assessment reports

Role Competencies	Key Goals	Workplace Activities	Novice	Apprentice	Competent	Assessment
Communicator	Analyse complex information and evidence to formulate policy and make decisions	Generate policy and procedures based on best evidence and involvement with relevant stakeholders. Write briefing documents and responses to government policy for the advice of CEOs, heads of government departments and ministers.	Be familiar with organisational policies and procedures and the policy development process. Draft summaries of government policies.	Engage with stakeholders to generate draft policies and procedures. Support these with best evidence. Write briefing documents and responses to government policy for the advice of line managers and colleagues.	Generate policy and procedures based on best evidence and involvement with relevant stakeholders. Write briefing documents and responses to government policy for the advice of CEOs, heads of government departments and ministers.	
Communicator	Convey relevant information and explanations to diverse groups	Experiences in operational activities such as: • unit or divisional operational committees • service development • service review • planning activities, e.g. strategic, business, operational or quality • other committees, e.g. infection control, medical advisory or blood transfusion. Prepare business cases, rationales for decisions and actions. Be aware of new communication methodologies eg social networking and the potential issues related to them.	Work with supervisor to gain exposure to operational activities such as unit or divisional operational committees.	Identify and participate in activities to increase operational knowledge and experience such as: • unit or divisional operational committees • service development • service review. Understand the process involved in preparation of a business case.	Broad experience in a range of operational activities such as: • unit or divisional operational committees • service development • service review • planning activities, e.g. strategic, capital, business, operational or quality • other committees, e.g. Infection Control, Medical Advisory or Blood Transfusion. Prepare business cases, rationales for decisions and actions.	

Role Competencies	Key Goals	Workplace Activities	Novice	Apprentice	Competent	Assessment
Communicator	Develop shared understandings and align competing interests	Converse and negotiate with clinicians on management issues and decisions. Use performance review feedback to inform and identify appropriate professional development activities for staff members. Engage in human resources management activities both as the manager and the subject, e.g. performance reviews, credentialling, resolving conflict. Demonstrate attentiveness and enhanced listening skills to negotiate consensus on a course of action.	Attend joint management/clinician meetings and forums. Understand the organisational human resources policies and procedures. Participate in performance reviews.	Actively participate in negotiations with clinicians on management issues and decisions. Use performance review feedback to inform and identify appropriate professional development activities for staff members and yourself. Demonstrate attentiveness and enhanced listening skills to negotiate consensus on a course of action.	Converse and negotiate with clinicians on management issues and decisions. Use performance review feedback to inform and identify appropriate professional development activities for staff members. Engage in human resources management activities both as the manager and the subject, e.g. performance reviews, credentialling, resolving conflict. Demonstrate attentiveness and enhanced listening skills to negotiate consensus on a course of action.	

Role Competencies	Key Goals	Workplace Activities	Novice	Apprentice	Competent	Assessment
Communicator	Understand effective communication methodologies and pathways	Chair meetings; facilitate interaction between clinicians and managers. Engage in formal communication with ministers or heads of government departments. Engage in formal and informal communication with heads of departments, senior clinicians, non-clinical staff, and community representatives. Use emotional intelligence when working with diverse stakeholders.	Attend joint meetings of clinicians and managers. Assist the supervisor in the preparation of formal written communications with heads of departments, senior clinicians, non-clinical staff, and community representatives. Observe the supervisor's formal and informal communication with heads of departments, senior clinicians, non-clinical staff, and community representatives.	Facilitate interaction between clinicians and managers by actively participating in or chairing meetings. Engage in formal and informal communication with heads of departments, senior clinicians, non-clinical staff, and community representatives. Attend the RACMA Communication workshop.	Chair meetings; facilitate interaction between clinicians and managers. Engage in formal communication with ministers; heads of government departments and organisation leaders. Engage in formal and informal communication with heads of departments, senior clinicians, non-clinical staff, and community representatives. Use emotional intelligence when working with diverse stakeholders.	

Role Competencies	Key Goals	Workplace Activities	Novice	Apprentice	Competent	Assessment
Collaborator	Participate effectively and appropriately in an inter-professional healthcare team	Develop political alliances to ensure success of initiatives. Develop communication systems, e.g. to inform SMOs and community services about patient discharges.	Utilise a variety of fora to consult with others. Volunteer to serve on working parties and sub-committees. Undertake finite projects relating to these working parties.	Utilise a variety of fora to consult with others. Develop communication systems, e.g. to inform SMOs and community services about patient discharges. Produce reports, summary documentation to reflect the discussions of the group and circulate widely with appropriate timelines for feedback.	Develop political alliances to ensure success of initiatives. Develop communication systems, e.g. to inform SMOs and community services about patient discharges. Recruit members for committees, sub committees and working parties in order to follow through projects and actively oversee or lead those teams. Utilise a variety of fora to consult with others. Produce reports, summary documentation to reflect the discussions of the group and circulate widely with appropriate timelines for feedback.	In-training assessment reports Oral examination

Role Competencies	Key Goals	Workplace Activities	Novice	Apprentice	Competent	Assessment
Collaborator	Work effectively with other health professionals to prevent, negotiate and resolve inter-professional conflict	Manage a complex complaint. Identify potential conflicts and issues, and work with the protagonists to remove them, e.g. through team meetings, open-door policy, networking. Undertake inter-professional consultation to determine course of action or alternative practice.	Research the organisation's conflict resolution processes and internal/external complaints policies and procedures. Review records of complaints and minutes of the complaints committee to see how the policies and procedures are applied.	Manage a complex complaint. Identify potential conflicts and issues, and work with the protagonists to remove them, e.g. through team meetings, open-door policy, networking. Actively engage and respectfully consult with team members.	Manage a complex complaint. Identify potential conflicts and issues, and work with the protagonists to remove them, e.g. through team meetings, open-door policy, networking. Manage conflicts through to resolution. Undertake inter-professional consultation to determine a course of action or alternative practice.	

Role Competencies	Key Goals	Workplace Activities	Novice	Apprentice	Competent	Assessment
Collaborator	Build effective relationships with all stakeholders	Participate in key committees, stakeholder groups, professional Colleges and bodies to form strategic, productive and supportive alliances. Network with stakeholders on joint projects.	Have sound knowledge of the organisational structure, mission and values and keep up to date with any major projects, proposals or policy changes that will affect the system. Participate in key committees and stakeholder group consultations.	Have sound knowledge of the organisational structure, mission and values and keep up to date with any major projects, proposals, policy changes that will affect the system. During meetings ensure that all members are heard, respected, included and create an environment of trust. Participate in key committees, professional bodies and stakeholder group consultations.	Participate in key committees, stakeholder groups, professional colleges and bodies to form strategic, productive and supportive alliances. During meetings ensure that all members are heard, respected, included and create an environment of trust. Have sound knowledge of the organisational structure, mission and values and keep up to date with any major projects, proposals, policy changes that will affect the system. Actively network at conferences, seminars, meetings in order to form strategic alliances. Network with stakeholders on joint projects.	

Role Competencies	Key Goals	Workplace Activities	Novice	Apprentice	Competent	Assessment
Collaborator	Engage and facilitate appropriate consultation around key issues through a variety of mechanisms	Prepare a business case that involves multiple stakeholders. Plan a new service or facility. Introduce a change project or activities.	Assist in the preparation of a business case that involves multiple stakeholders. Participate in a change project.	Prepare a business case that involves multiple stakeholders. Plan a new service or facility.	Keep abreast of political initiatives relating to healthcare using a variety of media. Prepare a business case that involves multiple stakeholders. Plan a new service or facility. Introduce and manage a change project to completion.	

Role Competencies	Key Goals	Workplace Activities	Novice	Apprentice	Competent	Assessment
Manager	Think on your feet while analysing, determining options and acting within real world timelines	Manage a crisis; be involved in disaster management planning or critical incident management.

Respond to consultations and discussions in progress with a complex group of people. | Be familiar with the organisation's disaster management plan and critical incident management procedures.

Establish a historical context relating to any issue or problem by asking questions of key stakeholders, reading agendas and minutes, reports, discussion papers, newspaper articles, etc. | Participate in crisis management; be involved in disaster management planning or critical incident management.

Establish a historical context relating to any issue / problem by asking questions of key stakeholders, reading agendas and minutes, reports, discussion papers, newspaper articles, etc. | Manage a crisis; be involved in disaster management planning or critical incident management.

Establish a historical context relating to any issue / problem by asking questions of key stakeholders, reading agendas and minutes, reports, discussion papers, newspaper articles, etc.

Liaise with and engage external stakeholders on various organisational activities and developments, e.g. patient / client satisfaction surveys, focus groups, services planning, etc.

Respond to consultations and discussions in progress with a complex group of people. | In-training assessment reports

Oral examination |

Role Competencies	Key Goals	Workplace Activities	Novice	Apprentice	Competent	Assessment
Manager	Adopt a systems approach to all management tasks	Participate in a relevant project taking a holistic approach; enunciate impacts of plans and proposals on your organisation or on individuals. Facilitate a process improvement team and description of process and outcomes. Facilitate accreditation processes and description of learning. Manage a work unit. Review a monthly unit or divisional budget. Participate in a unit or divisional annual budget building process.	Familiarise yourself with the organisational policies and procedures, missions, values, dynamics, and organisational structure Assist with accreditation processes Participate in a unit or divisional annual budget building process.	Familiarise yourself with the organisational policies and procedures, missions, values, dynamics, organisational structure, etc, and communicate and translate these to others. Participate in a relevant project taking a holistic approach; enunciate impacts of plans and proposals on your organisation or on individuals. Facilitate a process improvement team and description of process and outcomes. Review a monthly unit or divisional budget.	Have a sound knowledge of the organisational policies and procedures, missions, values, dynamics, organisational structure, etc, and communicate and translate these to others Manage all aspects of an organisational unit, or department within the health care system Manage a project taking a holistic approach; enunciate impacts of plans and proposals on your organisation or on individuals. Facilitate a process improvement team and description of process and outcomes. Facilitate accreditation processes and description of learning.	

Role Competencies	Key Goals	Workplace Activities	Novice	Apprentice	Competent	Assessment
Manager	Adopt a systems approach to all management tasks			Participate in a unit or divisional annual budget building process. Be actively involved in the preparation of your health care system's accreditation submission.	Manage a work unit. Review a monthly unit or divisional budget. Manage a unit or divisional annual budget building process. Be actively involved in the preparation of your health care system's accreditation submission.	
Manager	Be familiar with methods used to prioritise resources and allocate these appropriately to achieve organisational priorities	Participate in strategic planning and implementation. Prepare a business case. Participate in a new technology committee or introduction of a new technology process. Manage a budget. Prepare a cost estimate for a project or new initiative.	Keep abreast of the latest technology and management processes by active targeted research, subscription to management journals, attending conferences, podcasts, workshops, etc. Participate in strategic planning and implementation. Participate in a new technology committee or introduction of a new technology process. Prepare a cost estimate for a project or new initiative. Prepare a financial budget spreadsheet.	Participate in strategic planning and implementation. Participate in a new technology committee or introduction of a new technology process. Prepare a cost estimate for a project or new initiative. Keep abreast of the latest technology and management processes by active targeted research, subscription to management journals, attending conferences, podcasts, workshops, etc.	Compare and contrast your organisation's internal systems and processes, with other reputed organisations to lead change and foster improvement. Keep abreast of the latest technology and management processes by active targeted research, subscription to management journals, attending conferences, podcasts, workshops, etc. Critically appraise a clinical trial publication addressing the strengths and weaknesses of the study. Prepare a financial budget spreadsheet. Critically analyse a business case, audit, financial statement, etc.	

Role Competencies	Key Goals	Workplace Activities	Novice	Apprentice	Competent	Assessment
Manager	Be familiar with methods used to prioritise resources and allocate these appropriately to achieve organisational priorities			Critically appraise a clinical trial publication, addressing the strengths and weaknesses of the study. Prepare a financial budget spreadsheet. Critically analyse a business case, audit, financial statement, etc. Prepare a business case and cost benefit analysis. Prepare a services and capital plan.	Prepare a business case and cost benefit analysis. Prepare a services and capital plan. Lead strategic planning and implementation. Chair a new technology committee or introduction of a new technology process. Manage a budget. Prepare a cost estimate for a project or new initiative.	

Role Competencies	Key Goals	Workplace Activities	Novice	Apprentice	Competent	Assessment
Manager	Implement appropriate human resource management	Where possible, manage an individual or unit. Medical staff management is one of the key roles of a medical manager. All Candidates should, where possible, participate in: • SMS and JMS credentials committee and appointment processes • performance management of SMS/JMS • education and training of medical staff especially JMS.	Participate in peer review activities, e.g. multi-source feedback, 360° peer review, staff feedback questionnaires. Participate in human resource management activities, e.g. recruitment, performance reviews, poor performance and remediation, resolving conflict, salary negotiation, credentialling, appointments, induction and orientation programs, workforce planning. Participate in: • JMS credentials committee and appointment processes • performance management of JMS • education and training of medical staff especially JMS.	Participate in peer review activities, e.g. multi-source feedback, 360° peer review, staff feedback questionnaires. Engage in human resource management activities both as the manager and the subject, e.g. recruitment, performance reviews, poor performance and remediation, resolving conflict, salary negotiation, credentialling, appointments, induction and orientation programs, workforce planning.	Manage a unit or division. Participate in peer review activities, e.g. multi-source feedback, 360° peer review and staff feedback questionnaires. Establish realistic and achievable key performance indicators, goals, aims, etc, for yourself and members of your team within appropriate timelines and evaluated at multiple points / reporting intervals to provide guidance and direction Engage in human resource management activities both as the manager and the subject, e.g. staffing needs analysis, contract management, IR frameworks, HR policies/ procedures, disciplinary processes, recruitment, performance reviews, poor performance and remediation, resolving conflict, salary negotiation, credentialling, appointments, induction and orientation programs and workforce planning.	

Role Competencies	Key Goals	Workplace Activities	Novice	Apprentice	Competent	Assessment
Manager	Implement appropriate human resource management			Participate in: • SMS and JMS credentials committee and appointment processes • performance management of SMS/JMS • education and training of medical staff especially JMS.	Participate in: • SMS and JMS credentials committee and appointment processes • performance management of SMS/JMS • education and training of medical staff especially JMS.	

Role Competencies	Key Goals	Workplace Activities	Novice	Apprentice	Competent	Assessment
Health Advocate	Respond to the health needs of patients and populations	Be aware of and/or participate in cultural committees and other processes that allow cultural diversity to be recognised within the organisation. Provide for cultural needs of major groups in the local community and develop models to meet these needs, e.g. prayer mats for Muslims, outdoor space for Aboriginal relatives to grieve and decisions about service design.	Be aware of cultural committees and other processes that allow for cultural diversity to be recognised within the organisation. Research the organisation's provision for cultural needs of major groups in the local community and develop models to meet these needs, e.g. prayer mats for Muslims, outdoor space for Aboriginal relatives to grieve and decisions about service design. Complete the RACMA Cultural Competence and Ethics modules.	Contribute to relevant organisational committees, e.g. ethics, complaints, resource allocation or risk management. Participate in cultural committees and other processes that allow cultural diversity to be recognised within the organisation. Provide for cultural needs of major groups in the local community and develop models to meet these needs, e.g. prayer mats for Muslims, outdoor space for Aboriginal relatives to grieve and decisions about service design.	Chair or contribute to relevant organisational committees, e.g. ethics, complaints, resource allocation or risk management. Chair or participate in cultural committees and other processes that allow for cultural diversity to be recognised within the organisation. Lead the provision for cultural needs of major groups in the local community and develop models to meet these needs, e.g. prayer mats for Muslims, outdoor space for Aboriginal relatives to grieve and decisions about service design.	Completion of Cultural Competence module Completion of Ethics module In-training assessment reports Oral examination

Role Competencies	Key Goals	Workplace Activities	Novice	Apprentice	Competent	Assessment
Health Advocate	Respond to the health needs of communities and systems	Work with a media advisor on an issue. Present the case for alternative viewpoint. Recognise and where possible support the public advocacy role of clinicians in the organisation. Act as an advocate for medical staff where appropriate.	Participate in meetings with advocacy groups.	Undertake media training. Recognise and where possible support the public advocacy role of clinicians in the organisation. Act as an advocate for medical staff where appropriate.	Work with a media advisor when preparing media response to an issue. Form strategic alliances with key stakeholders in order to advocate and influence effectively. Present the case for alternative viewpoint. Involve and support the public advocacy role of clinicians in the organization, e.g. by involving them on key committees. Respond and negotiate with staff advocacy groups within the organisation. Act as an advocate for medical staff where appropriate.	

Role Competencies	Key Goals	Workplace Activities	Novice	Apprentice	Competent	Assessment
Health Advocate	Identify the determinants of health for populations	Liaise with patient reference groups, advocacy groups and other community action groups. Keep abreast of political initiatives relating to health care using a variety of media. Access and read a variety of online and offline resources in the areas of ethics, consumerism, public policy and population health.	Attend patient reference groups, advocacy groups and other community action groups. Access and read a variety of online and offline resources in the areas of ethics, consumerism, public policy and population health.	Liaise with patient reference groups, advocacy groups and other community action groups. Keep abreast of political initiatives relating to health care using a variety of media. Access and read a variety of online and offline resources in the areas of ethics, consumerism, public policy and population health.	Liaise with patient reference groups, advocacy groups and other community action groups. Keep abreast of political initiatives relating to health care using a variety of media and disseminate this information throughout the organisation. Access and read a variety of online and offline resources in the areas of ethics, consumerism, public policy and population health.	
Health Advocate	Influence policy and practice to optimise health outcomes	Be involved in policy and procedure development. Prepare submissions or policy advice. Conduct patient surveys to inform quality improvement.	Assist in policy and procedure development. Assist in the preparation of submissions or policy advice. Assist in the preparation of patient surveys to inform quality improvement.	Be involved in policy and procedure development. Prepare submissions or policy advice. Conduct patient surveys to inform quality improvement.	Oversee and lead policy and procedure development. Prepare submissions or policy advice. Conduct patient surveys to inform quality improvement. Critically review information to determine its reliability, e.g. pharmaceutical company sponsored reviews. Write briefing documents and responses to Government policy.	

Role Competencies	Key Goals	Workplace Activities	Novice	Apprentice	Competent	Assessment
Scholar	Maintain and enhance professional activities through ongoing learning	Actively participate in an organisational quality committee, preferably the peak executive or Board quality committee. Participate in individual and organisation-sponsored continuing professional education. Attend skill development workshops, courses and keep up to date with relevant literature. Be involved in one or more of: • Clinical Risk Management training or activities • Review of a clinical incident • Undertake or lead a quality improvement activity. Keep up to date with clinical developments relevant to the organization.	Participate in an organisational quality committee. Participate in individual and organisation-sponsored continuing professional education. Attend skill development workshops, courses and keep up to date with relevant literature. Undertake a quality improvement activity.	Actively participate in an organisational quality committee. Participate in individual and organisation-sponsored continuing professional education. Attend skill development workshops, courses and keep up to date with relevant literature. Be involved in one or more of: • clinical Risk Management training or activities • review of a clinical incident. Undertake or lead a quality improvement activity.	Actively participate in an organisational quality committee, preferably the peak executive or Board quality committee. Participate in individual and organisation-sponsored continuing professional education. Attend skill development workshops, courses and keep up to date with relevant literature. Be involved in one or more of: • Clinical Risk Management training or activities • review of a clinical incident. Lead a quality improvement activity.	Health Service Evaluation research project Oral presentation of research project In-training assessment reports Leadership case study

Role Competencies	Key Goals	Workplace Activities	Novice	Apprentice	Competent	Assessment
Scholar	Critically evaluate information for decision making	Critically review a peer reviewed management journal article. Participate in evidence-based management training.	Read newspaper articles, peer reviewed journals, podcasts etc, on issues relating to medical management and leadership. Participate in evidence-based management training.	Read newspaper articles, peer reviewed journals, podcasts etc, on issues relating to medical management and leadership. Critically review a peer reviewed management journal article. Participate in evidence-based management training.	Read newspaper articles, peer reviewed journals, podcasts etc, on issues relating to medical management and leadership. Critically review a peer reviewed management journal article.	

Role Competencies	Key Goals	Workplace Activities	Novice	Apprentice	Competent	Assessment
Scholar	Facilitate learning for all stakeholders	Contribute to and participate in the organisation's education program. Write a media release on behalf of the organisation, responding to an issue of public interest.	Participate in the organisation's education program. Join a case presentation forum, journal club, etc. with your medical management peers.	Contribute to and participate in the organisation's education program. Write a media release on behalf of the organisation, responding to an issue of public interest. Educate, mentor or train JMOs, IMGs, etc. Join a case presentation forum, journal club etc., with your medical management peers.	Contribute to the organisation's education program. Write a media release on behalf of the organisation, responding to an issue of public interest. Write for newsletters, magazines, peer reviewed journals, patient educational materials, promotional materials, etc. Educate, mentor or train JMOs, IMGs, etc. Join a case presentation forum, journal club etc. with your medical management peers, e.g. Director of Medical Services (DMS) group, Directors of Medical Services Advisory Committee (DOMSAC).	
Scholar	Demonstrate the ability to apply research skills to management tasks	Participate in research as the primary investigator or collaborator. Present at public forums, conferences, etc.	Participate in work-related research projects. Become familiar with basic research methodologies. Attend research ethics committee meetings and understand NHMRC standards/principles.	Undertake research as the primary investigator or collaborator. Present research proposal and/or papers to peers at public forums, conferences, etc.	Undertake research as the primary investigator. Present research findings to peers orally at Pre-Fellowship workshop. Present research findings at public forums, conferences, etc. Submit research papers for publication.	

Role Competencies	Key Goals	Workplace Activities	Novice	Apprentice	Competent	Assessment
Professional	Demonstrate awareness of ethical issues in managerial and clinical decision making	Reflect on non-research ethical decision making using a real case study. Keep a journal of reflections. Study ethics.	Read the policies, procedures and professional codes and conduct of the organisation. Reflect on non-research ethical decision making using a real case study. Keep a journal of reflections. Study ethics.	Read the policies, procedures and professional codes and conduct of the organisation. Keep a journal of reflections. Study ethics.	Contribute to relevant organisational committees, e.g. ethics, complaints, quality or adverse events. Read the policies, procedures and professional codes and conduct of the organisation. Recognise tensions between personal ethical values and those of the organisation.	Ethics module In-training assessment reports Oral examination
Professional	Demonstrate 'patient first' behaviour	Implement strategies to enhance patient care within the work environment. Use patient feedback and community input in decision making.	Assist in the development of strategies to enhance patient care within the work environment. Assist in recording patient and community feedback to inform decision making.	Implement strategies to enhance patient care within the work environment. Use patient feedback and community input in decision making.	Implement strategies to enhance patient care within the work environment. Use patient feedback and community input in decision making. Manage patient complaints and adverse events within your organisation. Liaise with patient advocacy groups to inform quality system improvements.	

Role Competencies	Key Goals	Workplace Activities	Novice	Apprentice	Competent	Assessment
Professional	Demonstrate behaviour that is always within the value systems of the College	Identify values and ethical issues and how these impact on work. Demonstrate reflective analysis in oral and written form. Modify behaviour following reflection. Encourage reflective interpretation in others. Be aware of and emulate relevant professional codes of conduct eg MBA, AMA	Identify values and ethical issues and how these impact on work. Demonstrate reflective analysis in oral and written form. Modify behaviour following reflection. Utilise the constructive feedback from performance reviews to identify professional development activities.	Identify values and ethical issues and how these impact on work. Demonstrate reflective analysis in oral and written form. Modify behaviour following reflection. Utilise the constructive feedback from performance reviews to identify professional development activities.	Modify behaviour following reflection. Encourage reflective interpretation in others. Read, understand and apply mandatory reporting policies as they apply to the organisation and your profession. Adhere to all conflict of interest regulations within the organisation. Partake in clinical audits, peer review, multi-source feedback, 360° feedback, etc. Utilise the constructive feedback from performance reviews to identify professional development activities.	
Professional	Demonstrate a commitment to doctor health and sustainable practice	Participate and encourage participation in health enhancement projects and initiatives. Maintain an effective work/life balance by monitoring time and stress levels.	Participate in health enhancement projects and initiatives. Maintain an effective work/life balance by monitoring time and stress levels. Identify issues that impact on your work/life balance and develop strategies to combat or maintain them.	Participate in health enhancement projects and initiatives. Maintain an effective work/life balance by monitoring time and stress levels. Identify issues that impact on your work/life balance and develop strategies to combat or maintain them.	Participate and encourage participation in health enhancement projects and initiatives. Maintain an effective work/life balance by monitoring time and stress levels. Identify issues that impact on your work/life balance and develop strategies to combat or maintain them.	

7.1.1   RACMA Leadership Program

Medical administrators 'run' organisations and lead from management roles. The RACMA Medical Leadership and Management Curriculum brings into sharper focus the role and development of RACMA Fellows as leaders.

Leadership infuses all aspects of the RACMA curriculum. The seven CanMEDS competency roles of Medical Expert, Professional, Communicator, Collaborator, Health Advocate, Scholar and Manager, are integrated in the core competency of Medical Leader.

Each RACMA Candidate develops their medical leadership competency over the period of their Candidacy, i.e. the leadership theme permeates the RACMA training program. Candidate leadership training includes a self audit, theoretical studies in leadership, analysis of leadership styles, reflections on leadership and presentation of a leadership case study, as shown in Table 4 below.

7.1.2   Research Training

Training in research and research governance is a theme of the curriculum across the three years of Candidate training and Continuing Professional Development for Fellows of the College. The aim of the research program is for members to achieve competencies in ethical research and the governance aspects of research. The focus of the research is on health services research with governance ensuring quality improvement and safety in research.

Candidate training will include an online module on aspects of research, including a definition of research; generating a research question; conducting database searches; types of research studies; a research application and ethics approval; data collection and analysis; critical appraisal; literature reviews; a research paper; scholarly writing; plagiarism; citation styles and bibliographies. Further training will include health services governance

Table 4: Leadership Program Outline

Novice	Apprentice	Competent
Completion of a self assessment tool e.g. Myers-Briggs or Enneagram	Observation of leadership styles of others and reflection of their effectiveness as leaders Mentoring	Completion of a self audit e.g. 360°
← Workshop/Master class series →		
Induction workshop: perspectives of leadership	Communication and influencing Media training Conflict resolution Relational leadership Reflection/reflective writing; self assessment	Presentation of a medical leadership case study Reflection/reflective writing; self assessment
← On line resources and post graduate studies →		
Theoretical aspects of leadership in health: contemporary literature, resources, bibliography, post graduate studies	Theoretical aspects of leadership in health : contemporary literature, resources, bibliography, post graduate studies	Medical leadership: contemporary literature, resources, bibliography
← Webinar series →		
Introductory topics in leadership	Leadership Case studies	Candidate led discussion of leadership experiences
← Assessment →		
In-training assessment: comments on leadership tasks undertaken and leadership style Reflective diary/Folio	In-training assessment: comments on leadership tasks undertaken and leadership style Reflective diary/Folio	In-training assessment: comments on leadership tasks undertaken and leadership style Presentation of a medical leadership case study Oral examination

research case studies, web links, resources and key readings, delivered with a variety of Web 2.0 tools.

Candidate training also includes a research project, for which a research project proposal will be required. The research project will include a rationale; an application and ethics review; data collection and analysis; critical appraisal and a literature review; a research paper in publication format and scholarly writing and citation.

The research project will be presented orally at a RACMA education event. The Candidates should produce a research project that enables them to be effective managers and leaders of medical institutions in health services research.

8 Assessment Strategy

The training program and its assessment framework ensure Candidates have the skills to be medical leaders in the health systems in which they work. These may be in the private or public sector, hospital or non-hospital settings; in strategic or operational areas; or in public health, hospital or community health.

Candidates are exposed to, and tested in, contemporary health service administration and evaluation skills to equip them for lifelong learning in these areas.

All RACMA assessment tools have two elements:

- a formative element, i.e. they provide the Candidate with feedback on their progress in the acquisition of the knowledge, skills and attitudes required to complete the College training program. Of the suite of assessment tools, the In-Training Feedback Reports, and National Trial exam provide the Candidates with detailed formative feedback without impacting on progression. The Management Practice Folio provides formative feedback but is a hurdle requirement.

- summative assessment, i.e. assessment that impacts on progression through and completion of the training program. This includes completing a Reflective Case Study, presenting a Management Case study and passing an oral examination. To pass the oral examination Candidates must satisfy the examiners that they are able to practice safely, effectively and unsupervised within the area of medical administration. They must demonstrate a good working and background knowledge of medical management and leadership, be able to achieve most tasks using their own judgment, cope with complex situations through deliberate analysis and planning and understand when and how to work with others who have complimentary expertise.

By successfully completing all the requirements of the RACMA Fellowship Training Program including all formative and summative assessment requirements, Candidates demonstrate that they have:

- acquired knowledge of current health service administration and management principles and processes

- learned techniques of leadership and quality review

- learned how to apply knowledge and leadership in health service management.

8.1 Assessment Tools

The assessment tools used in the Fellowship Training Program are mapped to the eight role competencies in the curriculum and the four levels of assessment of skills, competence and performance defined by Miller (1990):

- acquisition of knowledge (knows)

- understanding of leadership (knows how)

- demonstrating knowledge and leadership (shows s/he knows how)

- incorporating the knowledge and expertise into practice (does what s/he knows how).

The Board of Censors develops the following for each assessment tool, both formative and summative:

- aims and standards

- clear guidelines for completion

- impact of the tool on progression through the training program

- guidelines for marking to ensure that competence has been achieved.

In addition, the Board of Censors undertakes regular examiner calibration and training exercises and reviews examiner performance and consistency for major summative assessments.

8.1.1 Oral Examination

The Oral examination requires Candidates to draw on their knowledge, skills and experience to demonstrate their management competence within the context of each question. Candidates must have successfully completed all other requirements of the Fellowship training program before they are eligible to present for the oral examinations.

Candidates are assessed on their general skills, abilities, knowledge and experience as medical administrators, using case study material as the basis of discussion between Candidates and Censors. Candidates are assessed according to the following criteria:

Knowledge
(presentation of relevant management theory)

- can discuss relevant management theory and real life practice for the issues identified

- is aware of relevant Federal and State (or Regional) health policies and initiatives

- uses technical terms appropriately.

Skills
(application of relevant management practice)

- is clear and concise in approach to case scenario (clarity of ideas)

- uses a systematic approach (introduction, issues, management, solutions and likely implications)

- identifies all resources that can used to develop effective response to scenario

- has good oral presentation skills.

Attitude/Behaviour
(provision of appropriate risk and consequence information)

- has a practical approach that would work in a real life situation

- develops a team-based approach to the scenario

- has an attitude reflecting leadership in addressing the issues

- has an attitude of transcending personality challenges.

Overall analysis of the case scenario

- identifies and prioritises issues

- provides appropriate management plan

- identifies and discusses risks and consequences of actions.

Case study material for the oral examination is drawn from the following curriculum topic areas:

- general management principles

- current health policy initiatives

- medico-legal issues in health services management

- financial management of health services

- psycho-social issues in health services management

- human resource management in health services

- planning of health services, including epidemiological studies

- recent advances in health care

- analytical and presentation skills

- personal attributes of leadership

- cultural issues in health services management.

Each Candidate is assessed independently by four pairs of Censors for twenty minutes per pair. The assessments are based upon discussions of case material which the Candidates study for twenty minutes before meeting with the Censors. All case studies contain issues from the

areas listed above. Candidates are expected to elucidate the key issues from the case studies and discuss them logically with the Censors.

9 Governance

The Education and Training Committee is a standing committee of the RACMA Board and it provides governance of the College education and training programs. Faculty members across all jurisdictions in Australia and New Zealand are engaged through College committees, acting as training supervisors, preceptors, coaches, workshop trainers and censors to deliver the RACMA Medical Leadership and Management curriculum. This section outlines the roles and responsibilities of the key components of curriculum governance in the College.

9.1 Chair Education and Training

The Chair is responsible for the maintenance of educational standards for attaining Fellowship and for Continuing Education. The Chair is responsible for the Education and Training Committee and its key subcommittees including the Training Committee, Board of Censors, and Credentialling Committee.

9.2 Training Committee

This committee is a subcommittee of the Education and Training Committee. This Committee's key role is to translate the RACMA Medical Leadership and Management Curriculum into syllabi for delivery at national and jurisdictional levels. Each year it reviews and develops the national learning and teaching activities and facilitates their delivery. It monitors the curriculum and evaluates learning and teaching strategies. It develops an annual faculty training program to ensure supervisors and teaching faculty are well equipped to deliver the curriculum and respond to Candidates' needs.

9.3 Censor-in-Chief and Board of Censors

The Censor-in-Chief is appointed by the College Board and is responsible for:

- all aspects of training assessment

- appointing a team of Censors who will conduct the oral examination

- informing Candidates of the result of the oral examination

- chairing the RACMA Board of Censors.

10 Resources

The resources for the Medical Leadership and Management curriculum are drawn from a number of sources, including College Fellows, university personnel and accredited training personnel, with administrative support from the College's secretariat.

10.1 College Fellows

10.1.1 Censors

Censors are Fellows of the College and represent both the public and private health care sectors. Censors work in pairs to examine both the Case Study presentation and the final oral examination. As far as possible the College provides Candidates with a team comprising both male and female Censors, with a view to avoiding any gender bias in the assessment process.

Censors are appointed by the Board on the recommendation of the Censor-in-Chief. Appointments are for terms of three years, which can be extended to a maximum of three terms. In this way two-thirds of the Censors maintain continuity for the examination processes, whilst new appointees gain direct experience.

A copy of the position description for Censors is available on the College website at www.racma.edu.au.

10.1.2 Preceptors

A Preceptor is a Fellow of the College actively engaged in the field of medical administration. They are not responsible for the day-to-day supervision of the Candidate and generally are not employed at the same training place as the Candidate. Preceptors may have up to three Candidates at any one time.

The Preceptor's responsibilities include to:

- provide guidance and assistance to Candidates to satisfy College requirements

- advise on a Candidate's workplace training activities to ensure that they attain the RACMA competencies. They should monitor the Candidate's progress and the nature of his/her administrative training activities. The Preceptor liaises with the Supervisor about the Candidate's performance and negotiates any changes with the Supervisor

- certify that the Candidate's performance during the three years workplace administrative practice has been satisfactory

- advocate for the Candidate if necessary to ensure their training will meet RACMA Medical Leadership and Management training requirements

- advise the Candidate on other activities to be undertaken to meet RACMA Medical Leadership and Management competencies.

Preceptors play a vital role in supporting Candidates during their three years of training and workplace experience. Each Preceptor undertakes training to ensure they have a thorough understanding of the requirements of the RACMA Medical Leadership and Management curriculum and its syllabus. Preceptors are formally appointed for a period of three years, after which they must re-train for accreditation in the role.

Apart from regular formal reporting requirements, Preceptors meet Candidates regularly, e.g. every three months, preferably face-to-face, to discuss the Candidate's learning experiences and identify issues. Such meetings are more frequent in the first year of Candidacy.

The Preceptor role approximates that of coach. Preceptors must be aware of the Candidate's prior experiences, personal learning style, current position and learning possibilities. They encourage the Candidate to achieve the competencies and assist the Candidate to meet the College requirements. It is particularly important that Preceptors assists their Candidates in reflecting on their experiences and learning during those experiences.

10.1.3 Executive Coaches

An executive coach is a Fellow of the College, trained as a Coach by the College and actively engaged in the field of medical administration. S/he should not be directly responsible for the day-to-day administrative activity of the Candidate and should not be employed within the same institution as the Candidate. It is recommended that each Coach should not be responsible for more than two Candidates at any one time.

According to Landsberg (2003) in The Tao of Coaching:

'Coaching aims to enhance the performance and learning ability of others. It involves providing feedback, but it also uses other techniques such as motivation, effective questioning, and constantly matching your management style to each coachee's readiness to undertake a particular task. It is based on helping people to help themselves through interacting dynamically with them – it does not rely on a one-way flow of telling and instructing.'

The coach's responsibilities are to:

- assist the Candidate to develop a training plan which meets College requirements

- provide guidance on and to certify that the Candidate's Case Study is based on real experience

- advocate for the Candidate if necessary to ensure their training will meet RACMA requirements

- advise the Candidate on other activities to be undertaken to meet RACMA competencies.

10.1.4 Jurisdictional Coordinator of Training (JCT)

Jurisdictional Coordinators of Training are appointed by the local state, territory and New Zealand Committees. The JCT is an ex-officio member of the local Committee. The local Committee may itself perform the tasks of the JCT or it may appoint other members.

College education and training programs are made available at a local level by the state, territory or New Zealand JCT. These College officers have important relationships with Candidates, Preceptors and Censors, as they supervise Candidates' progress, support and assessment.

The Jurisdictional Coordinators of Training:

- oversee the progress of Candidates within the jurisdiction

- provide input to Preceptors for each Candidate within the jurisdiction

- assist Candidates in obtaining books and other literature as necessary for the examination process

- coordinate training programs and participate in the accreditation of training posts

- review academic and experiential training for individual Candidates and make recommendations to the Training Committee, as appropriate

- organise trial oral examinations for Candidates

- review reports from Preceptors on the progress of each Candidate and submit these to the Censor-in-Chief

- counsel Candidates who have unsatisfactory examination results or poor In-Training Assessment Reports

- report to the Education and Training Committee any matters of contention, interest or difficulty that Candidates have experienced in that jurisdiction.

10.2 University Personnel

University personnel include lecturers, tutors, exam coordinators and supervisors in the Masters degree program.

10.3 Accredited Training Post Personnel

10.3.1 Supervisors

Each Candidate has a Supervisor who is normally in a substantive position within the Candidate's organisation, as the Candidate's line manager, so that Candidates have direct or one-on-one contact for discussion, review and reflection about learning experiences.

Candidates should have regular (at least weekly) access to their Supervisor, and the Supervisor is expected to report on the Candidate's progress annually. Supervisors are expected to meet the Candidate's Preceptor at the beginning of each rotation and to formally assess the Candidate's progress annually. If a Candidate relocates their employment during their Fellowship Training Program, the College must be advised and a new Supervisor and training post will be approved.

The Supervisor oversees a Candidate's day-to-day work and is not always a Fellow of RACMA. Supervisors are normally senior managers employed in organisations where trainees hold substantive positions. A trainee's Supervisor may be the Chief Executive or a Board member for a very senior position.

The Supervisor must understand the RACMA core competencies and the prescribed skills to be acquired during the minimum three-years full-time medical administrative experience, and negotiate appropriate training with the Candidate and the Candidate's Preceptor. Supervisors are provided with a handbook at the beginning of their term as a Supervisor. In addition the Supervisor meets with the Preceptor at the beginning of each period of employment.

10.4 College Education Personnel

The National Office provides ongoing support to the training program. The Education Unit of qualified staff supports the College faculty with the development of teaching materials and learning resources, programming of workshops, monitoring and recording of assessment and training records, and producing the annual statement of results.

10.5 College Website and e-resources

The College has developed an interactive website located at www.racma.edu.au. A wide range of resources to support Candidates is located at Candidates Corner on the website. The College is progressively moving to deliver on-line training, e.g. annual Interact webinars, teleconferences and podcasts.

An e-library of current links with relevant policies and reports including management and report resources is available to Candidates on the RACMA website.

11 Curriculum Monitoring and Evaluation

The curriculum is evaluated annually via surveys of the key stakeholders, with a formal evaluation every three years. The following areas are evaluated:

- the currency and appropriateness of the program's content and structure

- the quality of teaching, learning and assessment

- the teaching and learning resources that support the program

- the relevance and effectiveness of the program for both internal and external stakeholders

- the reasons for deferment or resignation of a Candidate

- the effectiveness of the College's administrative support to the program's stakeholders

- the Candidate's acquisition of the knowledge, skills and behaviours of the core competencies and global objectives of the curriculum

- whether the core competencies and global objectives are aligned with the needs of the environment in which the specialist medical manager works.

11.1 Key Stakeholders

The key stakeholders (Candidates, Preceptors, executive Coaches and Fellows) are surveyed annually, and their responses inform the curriculum monitoring and evaluation process. The feedback to be sought from each stakeholder group follows.

11.1.1 Candidates

Candidates are surveyed in July each year on the following topics:

- curriculum content

- curriculum tools, i.e. Management Practice Folio, Reflective case study and Individual Training Plans

- resources, e.g. Handbook, Training manual, online resources

- educational and welfare support

- administrative support

- Preceptor, executive coach, supervisor performance and support

- progress

- university Masters program

- workplace educational program.

Training activities are evaluated by participants at the end of each activity, either through reflective discussion or via a paper-based questionnaire. Evaluations focus on the objectives of the module, content, delivery method, presenters and future directions, for the following activities:

- induction workshop

- medical leaders workshop

- communication/reflective writing workshop

- media awareness workshop

- pre-Fellowship workshop.

The following formative and summative assessments are also evaluated by participants:

- in-training assessment report

- reflective case study

- oral presentation of the case study

- management practice folio

- research project

- trial oral examination

- oral examination.

Deferring or resigning Candidates complete an exit survey to investigate the reason behind their decision and to incorporate suggestions for change into the curriculum review process.

11.1.2 Preceptors and Executive Coaches

An annual online survey each November specifically targets this stakeholder group. It focuses on their training, administrative support and future directions.

11.1.3 Fellows

A longitudinal online survey is conducted one-year post-Fellowship to ensure that the outcome objectives are meeting the demands of the workplace.

An annual online survey of all Fellows is conducted every June, focusing on:

- CEP curriculum content

- E-CEP

- CEP coordinator performance and support

- administrative support

- access to jurisdictionally delivered educational programs

- resources, i.e. Handbook, CEP manual and online resources.

11.1.4 Censors and Examination Observers

An annual online survey is conducted each November, specifically targeted at this stakeholder group. It focuses on the appropriateness of the assessment tools in measuring the specified outcomes, Censor training and future directions.

11.1.5 Supervisors and Employers

An annual online survey is conducted at the end of each year to evaluate the Candidate training program from the perspective of access, performance on training activities, College administrative support, liaison and relationships with College faculty and officers, issues relating to post accreditation, opportunities for improvement in information, support and training activities.

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